



DEPARTMENT OF HOMELAND SECURITY
UNITED STATES SECRET SERVICE
WASHINGTON, D.C. 20223

Freedom of Information Act & Privacy Act Program
Communications Center
245 Murray Lane, S.W., Building T-5
Washington, D.C. 20223

Date: **OCT 23 2018**

Judicial Watch
425 Third Street, SW, Suite 800
Washington, DC 20024
Attn: Justin McCarthy

File Number: 20180837 & 20180838

Dear Requester:

This is the final response to your Freedom of Information Act (FOIA) request, originally received by the United States Secret Service (Secret Service) on April 16, 2018, for information pertaining to the following:

File Number 20180837: Use of U.S. Government funds to provide security and/or any other services to President Trump and any companions on their March 23-25, 2018 visit to Palm Beach, Florida (Date Range for Record Search: From 3/11/2018 To 4/16/2018); and

File Number 20180838: Use of U.S. Government funds to provide security and/or any other services to President Trump and any companions on their March 30-April 1, 2018 visit to Palm Beach, Florida (Date Range for Record Search: From 3/11/2018 To 4/16/2018).

Enclosed are documents responsive to your request. In an effort to provide you with the greatest degree of access authorized by law, we have considered this material under the FOIA statute, Title 5 U.S.C. § 552. Pursuant to this Act, exemptions have been applied where deemed appropriate. The exemptions cited are marked below.

In addition, approximately 265 page(s) were released, and approximately 60 page(s) were withheld in their entirety. An enclosure to this letter explains the exemptions in more detail.

☒ If this box is checked, deletions were made pursuant to the exemptions indicated below.

Section 552 (FOIA)

<input type="checkbox"/> (b) (1)	<input type="checkbox"/> (b) (2)	<input type="checkbox"/> (b) (3) Statute:		
<input checked="" type="checkbox"/> (b) (4)	<input type="checkbox"/> (b) (5)	<input checked="" type="checkbox"/> (b) (6)	<input type="checkbox"/> (b) (7) (A)	<input type="checkbox"/> (b) (7) (B)
<input checked="" type="checkbox"/> (b) (7) (C)	<input type="checkbox"/> (b) (7) (D)	<input checked="" type="checkbox"/> (b) (7) (E)	<input type="checkbox"/> (b) (7) (F)	<input type="checkbox"/> (b) (8)

As you have already filed suit in the United States District Court for the District Columbia (Case 18-CV-01851-RJL) regarding the above referenced request, there is no further right to administratively appeal this decision outside your pending civil action.

Sincerely,


Kim E. Campbell
Special Agent In Charge
Freedom of Information Act & Privacy Act Officer

Enclosure:

☒ FOIA and Privacy Act Exemption List

**FREEDOM OF INFORMATION ACT
SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552**

Provisions of the Freedom of Information Act do not apply to matter that are:

- (b) (1) (A) specifically authorized under criteria established by an Executive Order to be kept secret in the interest of national defense or foreign policy and (B) are in fact properly classified pursuant to such Executive order;
- (b) (2) related solely to the internal personnel rules and practices any agency;
- (b) (3) specifically exempted from disclosure by statute (other than section 552b of this title), if that statute: (A)(i) requires that the matters be withheld from the public in such a manner as to leave no discretion on the issue, or (ii) establishes particular criteria for withholding or refers to particular types of matters to be withheld; and (B) is established after the date of enactment of the OPEN FOIA Act of 2009;
- (b) (4) trade secrets and commercial or financial information obtained from a person and privileged or confidential;
- (b) (5) inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency; provided that the deliberative process privilege shall not apply to records created 25 years or more before the date on which the records were requested;
- (b) (6) personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;
- (b) (7) records or information compiled for law enforcement purposes, but only to the extent that the information: (A) could reasonable be expected to interfere with enforcement proceedings; (B) would deprive a person of a right to a fair trial or an impartial adjudication; (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy; (D) could reasonable be expected to disclose the identity of a confidential source, including a State, local, or foreign agency or authority or any private institution which furnished information on a confidential basis, and, in the case of a record or information compiled by a criminal law enforcement authority in the course of a criminal investigation, or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source; (E) would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law; (F) could reasonably be expected to endanger the life or physical safety of any individual;
- (b) (8) contained in or related to examination, operating, or condition reports prepared by, on behalf of, or for the use of an agency responsible for regulation or supervision of financial institutions;
- (b) (9) geological and geophysical information and data, including maps, concerning wells.

**PRIVACY ACT
SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552a**

The provisions of the Privacy Act do not apply to:

- (d) (5) material compiled in reasonable anticipation of civil action or proceeding;
- (j) (2) material reporting investigative efforts pertaining to enforcement of criminal law including efforts to prevent, control, or reduce crime or apprehend criminals;
- (k)(1) material is currently and properly classified pursuant to an Executive Order in the interest of national defense or foreign policy;
- (k) (2) material compiled during investigations for law enforcement purposes;
- (k) (3) material maintained in connection with providing protective services to the President of the United States or other individuals pursuant to section 3056 of Title 18;
- (k) (5) investigatory material compiled solely for the purpose of determining suitability, eligibility, or qualifications for Federal civilian employment, military service, Federal contracts, or for access to classified information, but only to the extent that the disclosure of such material would reveal the identity of the person who furnished information to the Government under an express promise that the identity of the source would be held in confidence, or prior to the September 27, 1975, under an implied promise that the identity of the source would be held in confidence;
- (k) (6) testing or examination material used solely to determine individual qualifications for appointment or promotion in the Federal service the disclosure of which would compromise the objectivity or fairness of the testing or examination process;

LRC Air/Rail Detail Report by Project Code

Report Period: 3/11/2018 thru 4/16/2018

Passenger Name
031.501

RO

P.Code

Invoice #

Inv Date

Trip Begin Date

A/L Ticket

FOP INV Amt

Ticket Routing

(b)(6);(b)(7)(C);(b)(7)(E)

Trip End Date

(b) (7) (E)

031.501 Total:
Grand Total:

(b)(7)
(E)

\$385,927.67
\$385,927.67

LRC Car Detail Report by Project Code

Report Period: 3/11/2018 thru 4/16/2018

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Pick up City</u>	<u>State</u>	<u>Country</u>	<u>Inv Date</u>	<u>Conf #</u>	<u>Rental Company</u>	<u>Car Type</u>
031.501									
(b)(6);(b)(7)(C);(b)(7)(E)	DAL	031.501	WEST PALM BEACH PALM BEACH INTL APT	FL	US	03/28/2018	1600631531COUNT-	ALAMO	MVAR
	SOD	031.501	WEST PALM BEACH PALM BEACH INTL APT	FL	US	03/14/2018	H60436666B5-	THRIFTY RENT A CAR	ICAR
	SOD	031.501	WEST PALM BEACH PALM BEACH INTL APT	FL	US	03/22/2018	295637709COUNT-	ALAMO	MVAR
	SOD	031.501	WEST PALM BEACH PALM BEACH INTL APT	FL	US	03/28/2018	1600625678COUNT-	ALAMO	MVAR
	SFO	031.501	WEST PALM BEACH PALM BEACH INTL APT	FL	US	04/14/2018	H6352035804-	HERTZ	FCAR
	PPD	031.501	WEST PALM BEACH PALM BEACH INTL APT	FL	US	03/22/2018	1836076494COUNT-	ALAMO	MVAR
									031.501 Total:

<u>Car Type Disc</u>	<u>Pick up Date</u>	<u>Return Date</u>	<u># of Cars</u>	<u>Rate</u>	<u># Days</u>	<u>Total Value</u>
MINI VAN	03/28/2018	04/02/2018	1	\$70.00	5	\$350.00
INTERMEDIATE CAR	03/18/2018	04/02/2018	1	\$20.93	15	\$314.00
MINI VAN	03/22/2018	04/02/2018	1	\$63.09	11	\$694.00
MINI VAN	03/28/2018	04/02/2018	1	\$70.00	5	\$350.00
FULL SIZE CAR	04/15/2018	04/23/2018	1	\$17.38	8	\$139.00
MINI VAN	03/22/2018	04/02/2018	1	\$86.18	11	\$948.00
			6		55	\$2,795.00

Grimes Events & Party Tents

614 SE 4th Ave, Delray Beach, FL 33483
 (561) 853-TENT (8368) Fax (561) 431-0948
 www.GrimesPartyTents.com

Est. #

5739

Quote

Name / Address

United States Secret Service SER-PPD
 245 Murray Lane S.W.
 Building T-5
 Washington D.C.
 202-805-3722

Location

(b)(6);(b)(7)(C);(b)(7)(E)
 CELL: (b)(6);(b)(7)
 (1100 South Ocean Blvd, Palm Beach, FL 33
 (3505 Summit Blvd, West Palm Beach, FL)
 (b)(6);(b)(7)(C);(b)(7)(E)@USSS.DHS.GOV

Build Date/ ...	Event Date	Breakdown	Rep	Create Date	Terms	Down Payment
Fri 3/23 6-7:...	4/1/2018	Sun 3/25 5pm	MG	3/5/2018	Due on receipt	

Item

Qty

Description

Rate

Total

(b)(7)(E)

A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit.
 All accounts are due 24 hours before delivery.

Subtotal

\$1,133.02

Fees & Taxes (0.0%)

\$0.00

Date & Sign To Book _____

Total

\$1,133.02

Grimes Events & Party Tents

614 SE 4th Ave, Delray Beach, FL 33483
 (561) 853-TENT (8368) Fax (561) 431-0948
 www.GrimesPartyTents.com

Est. #

5742

Quote

Name / Address

Location

United States Secret Service SER-PPD
 245 Murray Lane S.W.
 Building T-5
 Washington D.C.
 202-805-3722

(b)(6);(b)(7)(C);(b)(7)(E)
 CELL: (b)(6);(b)(7)(E)
 (1100 South Ocean Blvd, Palm Beach, FL 33
 (3505 Summit Blvd, West Palm Beach, FL)
 (b)(6);(b)(7)(C);(b)(7)(E)@USSS.DHS.GOV

Build Date/ ...	Event Date	Breakdown	Rep	Create Date	Terms	Down Payment
Thurs 3/28 6-...	4/1/2018	4/1 Sun 5pm	MG	3/16/2018	Due on receipt	100%

Item	Qty	Description	Rate	Total
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(b)(7)(E)

A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit.
 All accounts are due 24 hours before delivery.

Subtotal	\$1,133.02
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Fees & Taxes (0.0%)	\$0.00
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Date & Sign To Book _____

Total	\$1,133.02
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Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)	Trip# 332-601-035-0143-18-11
DATE OF VISIT: 3/23/18 – 4/1/18	CITY & STATE: Palm Beach, FL
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480	
SITE(s)/LOCATION cont'd: N/A	COUNTRY: USA

VENDOR NAME: United Rentals

VENDOR TAX ID #: (b)(4)

VENDOR ADDRESS: Branch 698 3250 West 45th Street West Palm Beach, FL 33407

CONTACT PERSON: (b)(6);(b)(7)(C) TELEPHONE #: 240-624-3011

AUTHORIZED AMOUNT: **(Not to Exceed)** \$7315.21

(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)

ITEM OR SERVICE REQUESTED: (b)(7)(E)

Delivery: 3/22/18 Pickup: 4/1/18 (after 7pm)

PURPOSE OF EXPENDITURE: To provide operational security

ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480



CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED

PPD REQUISITION NUMBER:

DATE SUBMITTED:

EMERGENCY PURCHASE ORDER NUMBER:

DATE APPROVED:

PROCUREMENT CONTACT PERSON:

PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:

(b)(6);(b)(7)(C);(b)(7)(E)

-OR-

COMMUNICATIONS CENTER (PPD)

ATTN: Budget Coordinator

P. O. Box 6500

Springfield, VA 22150

Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)

OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:

DATE OF APPROVAL:

ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)

3/19/18

 APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS /
RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:

AUTHORIZATION DATE:

Liaison & Administrative Manager (b)(6);(b)(7)(C)



RENTAL QUOTE

BRANCH 698
3250 WEST 45TH STREET
WEST PALM BEACH FL 33407-019
561-616-5000
561-616-8140 FAX

155224108

Job Site
Address

MAR A LAGO
1100 S OCEAN BLVD
PALM BEACH FL 33480-5004

Office: (b)(6);(b)(7)(C)

US SECRET SERVICE
9200 POWDER MILL RD
LAUREL MD 20708-9765

Customer # : (b)(6);(b)(7)(C)
Quote Date : 03/09/18
Estimated Out : 03/22/18 04:00 PM
Estimated In : 04/01/18 04:00 PM
UR Job Loc : 1100 S OCEAN BLVD, P
UR Job # : 17
Customer Job ID:
P.O. # : TBD
Ordered By : (b)(6);(b)(7)(C)
Written By :
Salesperson : (b)(6);(b)(7)(C)

**This is not an invoice
Please do not pay from this document**

RENTAL ITEMS:							
Qty	Equipment	Description	Minimum	Day	Week	4 Week	Estimated Amt.

(b)(7)(E)

Estimated Total: 7,315.21

COMMENTS/NOTES:

CONTACT: (b)(6);(b)(7)(C);(b)(7)(F)
CELL#: (b)(6);(b)(7)(C)

Customer acknowledges one or more items listed may not be TAA compliant or on the GSA schedules.

TO SCHEDULE EQUIPMENT FOR PICKUP, CALL 800-UR-RENTS (800-877-3687)
WE ARE AVAILABLE 24/7 TO SUPPLY YOU WITH A CONFIRMATION #
IN ORDER TO CLOSE THIS CONTRACT

This proposal may be withdrawn if not accepted within 30 days. The above referenced Rental Protection Plan, environmental, and tax charges are estimates and are subject to change.

THIS IS NOT A RENTAL AGREEMENT. THE RENTAL OF EQUIPMENT AND ANY OTHER ITEMS LISTED ABOVE IS SUBJECT TO AVAILABILITY AND ACCEPTANCE OF THE TERMS AND CONDITIONS OF UNITED'S RENTAL AGREEMENT, WHICH MUST BE SIGNED PRIOR TO OR UPON DELIVERY OF THE EQUIPMENT AND OTHER ITEMS.

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip # 332-601-035-0143-18-11
DATE OF VISIT: 3/23/18 – 4/1/18	CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480		
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA
VENDOR NAME: Porta Potty ToGo		
VENDOR TAX ID #: (b)(4)		
VENDOR ADDRESS: 1438 N. Mangonia Cir West Palm Beach, FL 33401		
CONTACT PERSON: (b)(6);(b)(7)(E)		TELEPHONE #: 561-440-8646
AUTHORIZED AMOUNT: (Not to Exceed) \$825.00		
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)		
ITEM OR SERVICE REQUESTED:		
(b)(7)(E)		
Items to be delivered on 3/22/18 & picked up on 4/2/18; 3 cleanings		
PURPOSE OF EXPENDITURE: Restrooms for USSS personnel		
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480		
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED		
PPD REQUISITION NUMBER:		DATE SUBMITTED:
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:
PROCUREMENT CONTACT PERSON:		
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:		
(b)(6);(b)(7)(C);(b)(7)(E)	-OR-	COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150
Please note that payment shall be made within 30 days of our receipt of a <u>valid invoice</u> and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:
Liaison & Administrative Manager (b)(6);(b)(7)(C)		

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 – 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: Grimes Events & Party Tents			
VENDOR TAX ID #:		(b)(4)	
VENDOR ADDRESS: 614 SE 4 th Avenue, Delray Beach, FL 33483			
CONTACT PERSON: (b)(6);(b)(7)(C);(b)(7)(E)		TELEPHONE #: 561-853-8368	
AUTHORIZED AMOUNT: (Not to Exceed) \$7248.89 (THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)			
ITEM OR SERVICE REQUESTED:		(b)(7)(E)	
(Three quotes, \$1133.02, 1133.02, and \$4982.85,)			
PURPOSE OF EXPENDITURE: To provide operational security			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER:		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a <u>valid invoice</u> and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		2/26/2018	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C)			

LAW ENFORCEMENT SENSITIVE

PPD PAER (05/2017)

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PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 – 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: National Construction Rentals			
VENDOR TAX ID #: (b)(4)			
VENDOR ADDRESS: 6356 Narcoossee Rd. Orlando, FL 32822			
CONTACT PERSON: (b)(6);(b)(7)(C);(b)(7)(E)		TELEPHONE #: 407-381-2727	
AUTHORIZED AMOUNT: (Not to Exceed) \$1,391.64			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)			
ITEM OR SERVICE REQUESTED: (b)(7)(E)			
(b)(7)(E) - Delivery: 3/22/18, Pick up: 4/2/18 (Morning)			
PURPOSE OF EXPENDITURE: To provide operational security			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER:		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C);(b)(7)(E)			

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11
DATE OF VISIT: 03/23/18 – 04/01/18	CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480		
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA
VENDOR NAME: United Rentals		
VENDOR TAX ID #:	(b)(4)	
VENDOR ADDRESS: Branch 698 3250 West 45 th Street West Palm Beach, FL 33407		
CONTACT PERSON:	(b)(6);(b)(7)(C)	TELEPHONE #: 240-624-3011
AUTHORIZED AMOUNT: (Not to Exceed) \$6660.72 (THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)		
ITEM OR SERVICE REQUESTED: (b)(7)(E) Delivery: 3/22/18 Pickup: 4/1/18 (after 7pm) PURPOSE OF EXPENDITURE: For site operations		
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480		
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED		
PPD REQUISITION NUMBER: 493620		DATE SUBMITTED:
EMERGENCY PURCHASE ORDER NUMBER: 70US0918P70090051		DATE APPROVED: 02/21/18
PROCUREMENT CONTACT PERSON:	(b)(6);(b)(7)(C)	
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:		
(b)(6);(b)(7)(C);(b)(7)(E)	-OR-	COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150
Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:
Liaison & Administrative Manager (b)(6);(b)(7)(C)		



6356 Narcoossee Rd
Orlando, FL 32822
407-381-2727

Obtained via FOIA by Judicial Watch, Inc.

Sales Representative Info:

Prepared By: (b)(6);(b)(7)(C)

E-mail Address: (b)(6);(b)(7)(C)@rentnational.com

Fax Signed Quote To: 407-381-3529

QUOTATION FOR SERVICES

NOTE: Installation CANNOT be confirmed until signed quote is returned and received.

Date: 02/28/2018

Company Name: PRESIDENTIAL PROTECTIVE		E-mail:	
Bid Requested By: (b)(6);(b)(7)(C)		Other Phone:	
Company Phone: (b)(6);(b)(7)(C)		Fax Number:	
Job/Event Name:		Site Contact Name:	
Job Address:		Site Contact Phone:	
Cross Street:		Other Info:	
Job City/State/Zip: WEST PALM BEACH FL		Existing Account #:	
Contract Length	Delivery/Install Date	Removal Date	Payment Terms ** Prevailing Wage?
SPECIAL EVENT	Thu. Mar 22, 2018	Mon. Apr 2, 2018	N30

#	Quantity	UOM	Description	Taxable	Unit Price	Amount
1			(b)(7)(E)			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Notes: Extra Charges May Include: Core Drill, Hand Carry, Hard Ground, Hillside or Stand Roll. Permits are the responsibility of the customer. Please provide Address: _____ billing information. City: _____ State: _____ Zip: _____	Subtotal	\$1,391.64
	Sales Tax (0)	\$0.00
	Total	\$1,391.64
	This bid expires in 7 days.	

All Prices include a one-time Delivery/Installation and a one-time Pick-up/Removal.

Minimum for Order \$450.00

Bids are based on quantity; if the quantity changes, the bid changes. Please note, deliveries/installs are scheduled Mon.-Fri. 7:00 a.m. - 3:00 p.m. Additional fees will be assessed for Hillside Installations, Hand Carry, Core Drilling and Inaccessibility. Additional charges will also apply for weekends and after hours work. COD orders are to be paid either in advance or upon delivery prior to installation. Orders with driven post(s) will require 3-5 business days to complete the underground markings. Remove and Relocate charges are billed at the same rate as the installation price.

** In the event that the above services are subject to prevailing wage laws, any penalties or increased wages not included in this estimate will be paid by the Lessee. Certified payroll is available upon request.

Customer's Signature: _____ Date: _____

Print Customer Name: _____ PO#: _____

Porta Potty ToGo
1438 N Mangonia Cir
West Palm Beach, FL 33401 US
(b)(6)@portapottyto.com
www.portapottyto.com



ESTIMATE

ADDRESS

(b)(6);(b)(7)(C)
Department Of Homeland
Security

ESTIMATE # 1096
DATE 02/26/2018

ACTIVITY	QTY	RATE	AMOUNT
(b)(7)(E)			

Federal Tax ID: (b)(4)

TOTAL

\$825.00

Delivery Address: 1100 S Ocean Blvd, Palm Beach, FL

Delivery Date: 03/21/18 between 2-4 P.M.

Additional Service: 03/24/18, 03/27/18 and 03/30/18 between 4-5 A.M.

Pickup Date: 04/02/18 Around 05 P.M.

Accepted By

Accepted Date

<h2 style="margin: 0;">Grimes Events & Party Tents</h2>						
614 SE 4th Ave, Delray Beach, FL 33483 (561) 853-TENT (8368) Fax (561) 431-0948 www.GrimesPartyTents.com					Est. #	5740
					Quote	
Name / Address				Location		
United States Secret Service SER-PPD 245 Murray Lane S.W. Building T-5 Washington D.C. 202-805-3722				(b)(6);(b)(7)(C);(b)(7)(E) CELL: (b)(6);(b)(7)(E) (1100 South Ocean Blvd, Palm Beach, FL 33 (3505 Summit Blvd, West Palm Beach, FL) (b)(6);(b)(7)(C);(b)(7)(E)@USSS.DHS.GOV		
Build Date/ ...	Event Date	Breakdown	Rep	Create Date	Terms	Down Payment
Thurs 3/22, 1...	4/1/2018	Sun 4/1, 5pm	MG	3/5/2018	Due on receipt	100%
Item	Qty	Description				Rate
(b)(7)(E)						
A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. All accounts are due 24 hours before delivery.					Subtotal	
					Fees & Taxes (0.0%)	
Date & Sign To Book _____					Total	

<h1 style="margin: 0;">Grimes Events & Party Tents</h1>							
614 SE 4th Ave, Delray Beach, FL 33483 (561) 853-TENT (8368) Fax (561) 431-0948 www.GrimesPartyTents.com					Est. #	5740	
					Quote		
Name / Address				Location			
United States Secret Service SER-PPD 245 Murray Lane S.W. Building T-5 Washington D.C. 202-805-3722				(b)(6);(b)(7)(C);(b)(7)(F) CELL: (b)(6);(b)(7)(F) (1100 South Ocean Blvd, Palm Beach, FL 33 (3505 Summit Blvd, West Palm Beach, FL) (b)(6);(b)(7)(C);(b)(7)(F)@USSS.DHS.GOV			
Build Date/ ...	Event Date	Breakdown	Rep	Create Date	Terms	Down Payment	
Thurs 3/22, 1...	4/1/2018	Sun 4/1, 5pm	MG	3/5/2018	Due on receipt	100%	
Item	Qty	Description				Rate	Total
(b)(7)(E)							
A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. All accounts are due 24 hours before delivery.					Subtotal		
					Fees & Taxes (0.0%)		
Date & Sign To Book _____					Total		

<h2 style="margin: 0;">Grimes Events & Party Tents</h2>						
614 SE 4th Ave, Delray Beach, FL 33483 (561) 853-TENT (8368) Fax (561) 431-0948 www.GrimesPartyTents.com					Est. #	5740
					Quote	
Name / Address			Location			
United States Secret Service SER-PPD 245 Murray Lane S.W. Building T-5 Washington D.C. 202-805-3722			<div style="border: 1px solid black; padding: 2px;">(b)(6);(b)(7)(C);(b)(7)(D)</div> <div style="border: 1px solid black; padding: 2px;">CELL (b)(6);(b)(7)(C)</div> (1100 South Ocean Blvd, Palm Beach, FL 33 (3505 Summit Blvd, West Palm Beach, FL) <div style="border: 1px solid black; padding: 2px;">(b)(6);(b)(7)(C);(b)(7)(D)@USSS.DHS.GOV</div>			
Build Date/ ...	Event Date	Breakdown	Rep	Create Date	Terms	Down Payment
Thurs 3/22, 1...	4/1/2018	Sun 4/1, 5pm	MG	3/5/2018	Due on receipt	100%
Item	Qty	Description			Rate	Total
(b)(7)(E)						
A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. All accounts are due 24 hours before delivery.					<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Subtotal \$4,982.85 </div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Fees & Taxes (0.0%) \$0.00 </div> <div style="border-top: 1px solid black; padding: 5px 0;"> Total \$4,982.85 </div>	
Date & Sign To Book _____						

Porta Potty ToGo
 1438 N Mangonia Cir
 West Palm Beach, FL 33401 US
 (b)(6)@portapottyto.com
 www.portapottyto.com



QKN 4/9/18
 TOPS Emd

INVOICE

BILL TO

(b)(6);(b)(7)(C);(b)(7)
 Department Of Homeland
 Security
 245 Murray Lane SW, Building
 T5
 Washington, DC 20528 USA

INVOICE # 1349
 DATE 03/23/2018
 DUE DATE 04/22/2018
 TERMS Net 30

ACTIVITY	QTY	RATE	AMOUNT
(b)(7)(E)		825.00	825.00

FINAL INVOICE

FEDERAL TAX ID # (b)(4)
 INVOICE DATE 03/23/18-4/1/18
 PURCHASE ORDER OPS-18-084

BALANCE DUE

\$825.00

PAYMENT AUTHORIZATION
 PARTIAL PAYMENT ☒ FINAL PAYMENT ☒ **\$825**
 PO/CN/INV/OTHER # Emd Payment
 GOODS AND/OR SERVICES ARE
 ACCEPTABLE.
 DATE GOODS REC'D 3/23/18-4/1/18
 (b)(6);(b)(7)(C);(b)(7) 4/9/18
 SAIC - PPD DATE

USPS/PM REC'D 09 APR 18 12:33

*Unable to process P-card payment due to the DHS
 P-card 5-day guidelines. Please process an ACH
 payment*

OPO008_18_0400_10_00
 233020
 233-Rent Other Equip (<90 days)

emailed
 4/10/18

Auth#

075 10 0011



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C)		Trip # 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 – 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: Porta Potty ToGo			
VENDOR TAX ID #: (b)(4)			
VENDOR ADDRESS: 1438 N. Mangonia Cir West Palm Beach, FL 33401			
CONTACT PERSON: (b)(6);(b)(7)(C)		TELEPHONE #: 561-440-8646	
AUTHORIZED AMOUNT: (Not to Exceed) \$825.00			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)			
ITEM OR SERVICE REQUESTED:			
(b)(7)(E)			
Items to be delivered on 3/22/18 & picked up on 4/2/18; 3 cleanings			
PURPOSE OF EXPENDITURE: Restrooms for USSS personnel			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED:			
1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER: -		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a <u>valid invoice</u> and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C)		(b)(6);(b)(7)(C) 03/21/18	

LAW ENFORCEMENT SENSITIVE

PPD PAER (05/2017)

0103-0100

USSS-PPD REC'D 16 MAY '18 1351

GrimesPartyTents.com

PARTIAL PAYMENT ☐FINAL PAYMENT ☐

PO/CN/TN/OTHER #

GOODS AND/OR SERVICES ARE
ACCEPTABLE.

DATE GOODS REC'D.

(b)(6);(b)(7)(C)

5/16/18

SAIC-PPD

Create Date	Invoice #
3/20/2018	3284

DATE

Grimes Events & Party Tents
614 SE 4th Ave. Delray Beach, FL 33483
561 853-Tent (8368) 561 431-0948 Fax

Invoice

Bill To			Ship To			
United States Secret Service SER-PPD 245 Murray Lane S.W. Building T-5 Washington D.C. 202-805-3722			(b)(6);(b)(7)(C);(b)(7) CELL: (b)(6);(b)(7) (1100 South Ocean Blvd, Palm Beach, FL 33 (3505 Summit Blvd, West Palm Beach, FL) (b)(6);(b)(7)(C);(b)(7)@USSS.DHS.GOV			
Build Date/Time	Terms	Event Date	Rep	Breakdown	Down Payment	
Fri 3/23 6-7:30am	Due on receipt	4/1/2018	MG	Sat, 4/1 3pm	100%	
Item	Qty	Description			Total	
(b)(7)(E)						

Receipt 196407

A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. A 4.5% processing fee is charged on transactions other than cash or check. All accounts are due on 24 hours before delivery.	Subtotal	\$1,133.02
	Tax (0.0%)	\$0.00
	Total	\$1,133.02
	Dep.	\$0.00
	Bal. Due	\$1,133.02

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒

USSS/PPD REC'D 16 MAY '18 1352

GrimesPartyTents.com

REGION/TN/OTHER #
GOODS AND/OR SERVICES ARE
ACCEPTABLE.

DATE GOODS REC'D

(b)(6);(b)(7)(C);(b)(7)(E) 5/14/18
SAIC - Order Date Invoice # DATE

3/20/2018 3285

Invoice

Grimes Events & Party Tents
614 SE 4th Ave. Delray Beach, FL 33483
561 853-Tent (8368) 561 431-0948 Fax

Bill To

United States Secret Service SER-PPD
245 Murray Lane S.W.
Building T-5
Washington D.C.
202-805-3722

Ship To

(b)(6);(b)(7)(C);(b)(7)(E)
CELL: (b)(6);(b)(7)(E)
(1100 South Ocean Blvd, Palm Beach, FL 33
(3505 Summit Blvd, West Palm Beach, FL)
(b)(6);(b)(7)(C);(b)(7)(E) @USSS.DHS.GOV

Receipt # 1910401

Build Date/ Time		Terms	Event Date	Rep	Breakdown		Down Payment
Thurs 3/22, 12-2		Due on receipt	4/1/2018	MG	Sun 4/1, 3pm		100%
Item	Qty	Description				Rate	Total

(b)(7)(E)

A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. A 4.5% processing fee is charged on transactions other than cash or check. All accounts are due on 24 hours before delivery.

Subtotal

Tax (0.0%)

Total

Dep.

Bal. Due

GrimesPartyTents.com

Grimes Events & Party Tents 614 SE 4th Ave. Delray Beach, FL 33483 561 853-Tent (8368) 561 431-0948 Fax				Create Date		Invoice #		
				3/20/2018		3285		
						Invoice		
Bill To				Ship To				
United States Secret Service SER-PPD 245 Murray Lane S.W. Building T-5 Washington D.C. 202-805-3722				(b)(6);(b)(7)(C);(b)(7)(D) CELL: (b)(6);(b)(7)(D) (1100 South Ocean Blvd, Palm Beach, FL 33 (3505 Summit Blvd, West Palm Beach, FL) (b)(6);(b)(7)(C);(b)(7)(D) @USSS.DHS.GOV				
Build Date/ Time	Terms	Event Date	Rep	Breakdown		Down Payment		
Thurs 3/22, 12-2	Due on receipt	4/1/2018	MG	Sun 4/1, 5pm		100%		
Item	Qty	Description			Rate	Total		
(b)(7)(E)								
A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. A 4.5% processing fee is charged on transactions other than cash or check. All accounts are due on 24 hours before delivery.					Subtotal			\$4,982.85
					Tax (0.0%)			\$0.00
					Total			\$4,982.85
					Dep.			\$0.00
					Bal. Due			\$4,982.85

5124-411

012 7161X

USSS/PPD REC'D 16 MAY '18 1352

GrimesPartyTents.com

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☒FINAL PAYMENT ☐

PO/CN/TN/OTHER # _____

GOODS AND/OR SERVICES ARE
ACCEPTABLE.

DATE GOODS REC'D _____

Grimes Events & Party Tents
614 SE 4th Ave. Delray Beach, FL 33483
561 853-Tent (8368) 561 431-0948 Fax

(b)(6);(b)(7)(C);(b)(7)(E)	Invoice #	5/16/18
DATE	3/27/2018	3286

Invoice

Bill To			Ship To			Receipt # 196399		
United States Secret Service SER-PPD 245 Murray Lane S.W. Building T-3 Washington D.C. 202-805-3722			(b)(6);(b)(7)(C);(b)(7)(E) CELL: (b)(6);(b)(7)(E) (1100 South Ocean Blvd, Palm Beach, FL 33 (3505 Summit Blvd, West Palm Beach, FL) (b)(6);(b)(7)(C);(b)(7)(E)@USSS.DHS.GOV					
Build Date/ Time	Terms	Event Date	Rep	Breakdown	Down Payment			
Thurs 3/29 6-7:30am	Due on receipt	3/27/2018	MG	Sat, 4/1 5pm	100%			
Item	Qty	Description			Rate	Total		
(b)(7)(E)								
A minimum reservation of \$500 or less requires a 100% nonrefundable deposit. All other reservations require a 50% nonrefundable deposit. A 4.5% processing fee is charged on transactions other than cash or check. All accounts are due on 24 hours before delivery.					Subtotal			\$1,133.02
					Tax (0.0%)			\$0.00
					Total			\$1,133.02
					Dep.			\$0.00
					Bal. Due			\$1,133.02

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO. P00002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 493619	5. PROJECT NO. (If applicable) 1 2
6. ISSUED BY PRO-PROCUREMENT DIV COMMUNICATIONS CENTER (PRO) 245 MURRAY LANE SW BLDG T-5 WASHINGTON DC 20223	CODE PRO-PROCUREMENT D	7. ADMINISTERED BY (If other than Item 6) PRO-PROCUREMENT DIV COMMUNICATIONS CENTER (PRO) 245 MURRAY LANE, SW BLDG T-5 WASHINGTON DC 20223	CODE PRO-PROCUREMENT D
8. NAME AND ADDRESS OF CONTRACTOR (No street county, State and ZIP Code) GRIMES EVENTS & PARTY TENTS, INC 614 SE 4TH AVE DELRAY BEACH FL 33483		(x) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11)	
CODE		FACILITY CODE	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS			
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers. <input type="checkbox"/> is extended <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.			
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule		Net Increase:	\$25,000.00
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.			
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.		
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14. PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF _____		
X	D. OTHER (Specify type of modification and authority) FAR 43.103(b) Extend POP		
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return _____ 1 _____ copies to the issuing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) 18-PPD-EPO-016-SLE			
The purpose of this modification is to extend the period of performance. Therefore, the period of performance is extended for the rental of tents, lights and miscellaneous items for protective visits on an as needed basis for the period 02/19/2018-05/31/2018 and a not to exceed amount of \$25,000.00 is added. The total value of this contract is increased from \$24,000.00 to a not to exceed amount of \$49,000.00 The POC for Grimes Events & Party Tents is (b)(6);(b)(7)(C) at telephone number (b)(6);(b)(7)(C) or Continued ...			
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A as heretofore changed, remains unchanged and in full force and effect.			
15A. NAME AND TITLE OF SIGNER (Type or print) (b)(6);(b)(7)(C)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)	
15B. CONTRACTOR/OFFEROR (b)(6);(b)(7)(C)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (b)(6);(b)(7)(C)	16C. DATE SIGNED Digitally signed by (b)(6);(b)(7)(C) Date: 2018.02.21 10:54:52 -0500
NSN 7540-01-152-8070 Previous edition unusable		STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243	

CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED 70US0918P70090050/P00002		PAGE 2 OF 2	
NAME OF OFFEROR OR CONTRACTOR GRIMES EVENTS & PARTY TENTS, INC					
ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(b)(6);grimespartytents.com</p> <p>Onsite Point of Contact for USSS is SA (b)(6);(b)(6); at telephone number (b)(6);(b)(7)(C) or (b)(6);(b)(7)(C)@uss.s.dhs.gov</p> <p>Contracting Officer is (b)(6);(b)(7)(C) at telephone number (b)(6);(b)(7)(C) or (b)(6);(b)(7)(C)@uss.s.dhs.gov</p> <p>Except as stated in this modification, all other terms and conditions remain unchanged and in full force and effect.</p> <p>Discount Terms: Prompt Net 30</p> <p>FOB: Destination</p> <p>Period of Performance: 01/12/2018 to 05/31/2018</p> <p>Add Item 0005 as follows:</p>				
0005	<p>Modify contract # 70US0918P70090050 to extend the rental of tents on an "as needed" basis for the period of performance of February 17, 2018, through May 31, 2018 on as needed basis. The funds shall not exceed \$25,000.00**</p> <p>USSS BETC: DISB</p> <p>Project Data: OPO008-OPO008_18_0400_10_00-Presidential Protective Division (PPD)-233-Lease Other Equip (>90d)-02/16/2018</p> <p>Accounting Info: 2018-0400.000DA00.1818D.00-H070H475H000-07000000-0 PO008-OPO008_18_0400_10_00-233020-07010000-6100000 1-0-0-0-0 Funded: \$25,000.00 Period of Performance: 01/18/2018 to 05/31/2018</p>	25000	US	1.00	25,000.00

Auth# **02518-0251**

PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 - 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: Grimes Events & Party Tents			
VENDOR TAX ID #: (b)(4)			
VENDOR ADDRESS: 614 SE 4 th Avenue, Delray Beach, FL 33483			
CONTACT PERSON: (b)(6);(b)(7)(C)		TELEPHONE #: 561-853-8368	
AUTHORIZED AMOUNT: (Not to Exceed) \$7248.89 (THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)			
ITEM OR SERVICE REQUESTED:		(b)(7)(E)	
(Three quotes, \$1133.02, 1133.02, and \$4982.85,)			
PURPOSE OF EXPENDITURE: To provide operational security			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER: 493619		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER: 7015 0918P70090050		DATE APPROVED:	
PROCUREMENT CONTACT PERSON: (b)(6);(b)(7)(C)		(HOD P0002, CLIN 0005)	
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 8500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		2/26/2018	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C);(b)(7)(E)		N/A	

LAW ENFORCEMENT SENSITIVE

PPD PAER (05/2017)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. P00002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 493907	
5. PROJECT NO. (If applicable)		6. ISSUED BY PRO-PROCUREMENT DIV COMMUNICATIONS CENTER (PRO) 245 MURRAY LANE SW BLDG T-5 WASHINGTON DC 20223		7. ADMINISTERED BY (If other than item 6) PRO-PROCUREMENT DIV COMMUNICATIONS CENTER (PRO) 245 MURRAY LANE, SW BLDG T-5 WASHINGTON DC 20223	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) NATIONAL CONSTRUCTION RENTALS 52 SOUTH 3RD STREET FERNWOOD PA 19050		9A. AMENDMENT OF SOLICITATION NO. (x)		9B. DATED (SEE ITEM 11)	
CODE		FACILITY CODE		10A. MODIFICATION OF CONTRACT/ORDER NO. 70US0918P70090053	
				10B. DATED (SEE ITEM 13) 01/18/2018	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Schedule

Net Increase:

\$12,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9 Option to extend terms of the contract.

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this administrative modification to contract 70US0918P70090053 is exercise FAR 52.217-9 to extend services through 05/31/2018 with a not to exceed amount of \$12,000.00.

The contract value is increased from \$5,253.49 to \$17,253.49.

All existing terms and conditions remain in full force and effect.

The POC for National Construction Rentals is (b)(6);(b)(7)(C) at telephone number (b)(6);(b)(7)(C) or (b)(6);(b)(7)entnational.com

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (b)(6);(b)(7)(C) (Signature of Contracting Officer)	16C. Digitally signed by (b)(6);(b)(7)(C) Date: 2018.02.23 15:25:12 -05'00'

CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED 70US0918P70090053/P00002		PAGE 2	OF 2
NAME OF OFFEROR OR CONTRACTOR NATIONAL CONSTRUCTION RENTALS					
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The onsite POC is SA (b)(6);(b)(7)(C) at telephone number (b)(6);(b)(7)(C) or (b)(6);(b)(7)(C) @usss.dhs.gov</p> <p>The Contracting Officer is (b)(6);(b)(7)(C) at telephone number (b)(6);(b)(7)(C) or (b)(6);(b)(7)(C) @usss.dhs.gov</p> <p>Discount Terms: Prompt Net 30 FOB: Destination Period of Performance: 01/18/2018 to 05/31/2018</p> <p>Add Item 0004 as follows:</p>				
0004	<p>Modify purchase order 70US0918P70090053 extending the rental of barricades and fencing on an "as needed" basis for use between Saturday, February 17, 2018 through Thursday, May 31, 2018. **NTE \$12,000.00**</p> <p>USSS BETC: DISB</p> <p>Project Data: OPO008-OPO008_18_0400_10_00-Presidential Protective Division (PPD)-233-Lease Other Equip (>90d)-02/16/2018</p> <p>Accounting Info: 2018-0400.000DA00.1818D.00-H070H475H000-07000000-OPO008-OPO008_18_0400_10_00-233020-07010000-61000001-0-0-0-0</p> <p>Funded: \$12,000.00 Period of Performance: 02/17/2018 to 05/31/2018</p>	12000	US	1.00	12,000.00



Good People. Great Service.™

6356 Narcoossee Rd
Orlando, FL 32822
407-381-2727

Sales Representative Info:

Prepared By: (b)(6);(b)(7)(C)

E-mail Address: (b)(6);(b)(7)(C)@rentnational.com

Fax Signed Quote To: 407-381-3529

QUOTATION FOR SERVICES

NOTE: Installation CANNOT be confirmed until signed quote is returned and received.

Date: 01/31/2018

Company Name: PRESIDENTIAL PROTECTIVE		E-mail:	
Bid Requested By: (b)(6);(b)(7)(C)		Other Phone:	
Company Phone:		Fax Number:	
Job/Event Name:		Site Contact Name:	
Job Address:		Site Contact Phone:	
Cross Street:		Other Info:	
Job City/State/Zip: WEST PALM BEACH FL		Existing Account #:	
Contract Length	Delivery/Install Date	Removal Date	Payment Terms
SPECIAL EVENT	Thurs. Mar 01, 2018	Mon. Mar 5, 2018	** Prevailing Wage?

Quantity	UOM	Description	Taxable	Unit Price	Amount
(b)(7)(E)					
6					
7					
8					
9					
10					
11					
12					
13		IT IS NOT RECOMMENDED TO PUT WINDSCREEN ON PANELS THEY CAN FALL OVER			
14					
15					

Notes: Extra Charges May Include: Core Drill, Hand Carry, Hard Ground, Hillside or Stand Roll. Permits are the responsibility of the customer.	Subtotal	\$1,153.49
	Sales Tax ()	\$0.00
	Total	\$1,153.49
	This bid expires in 7 days.	

Please provide Address: _____
 billing information. City: _____ State: _____ Zip: _____

All Prices include a one-time Delivery/Installation and a one-time Pick-up/Removal.

Minimum for Order \$450.00

Bids are based on quantity; if the quantity changes, the bid changes. Please note, deliveries/installs are scheduled Mon.-Fri. 7:00 a.m. - 3:00 p.m. Additional fees will be assessed for Hillside Installations, Hand Carry, Core Drilling and Inaccessibility. Additional charges will also apply for weekends and after hours work. COD orders are to be paid either in advance or upon delivery prior to installation. Orders with driven post(s) will require 3-5 business days to complete the underground markings. Remove and Relocate charges are billed at the same rate as the installation price.

** In the event that the above services are subject to prevailing wage laws, any penalties or increased wages not included in this estimate will be paid by the Lessee. Certified payroll is available upon request.

Customer's Signature: _____ **Date:** _____

Print Customer Name: _____ **PO#:** _____

800-352-5675
 customer@rentnational.com
 rentnational.com

NATIONAL

CONSTRUCTION RENTALS

40-19-116 INVOICE

Page: 1

Customer # (b)(6);(b)(7)(C)
 Job Site # 0003
 Ticket # 1090762
 Our Local Office # (407) 351-2727
 Inside Salesperson: (b)(6);(b)(7)(C)

Invoice # 4992768
 Invoice Date: 3/28/2018
 Due Date: 5/10/2018
 Terms: NET 45 DAYS
 Ordered by: (b)(6);(b)(7)(C);(b)(7)(C)
 Purchase Order #

QKN 5/3/18
 TOPS FMD



102 - #10 - J220282 - 77 - 81
 PRESIDENTIAL PROTECTIVE DIVISION
 PO BOX 6500
 SPRINGFIELD VA 22150-6500



Job Address: 1100 S OCEAN BLVD
 Cross St:
 City: WEST PALM BEACH, FL 33401
 Job Name: MAR A LAGO RESORT

Site Contact: (b)(6);(b)(7)(C)
 Site Phone: (b)(6);(b)(7)(C)

Special Event

Quantity	Description	Term	From/Thru	Rate	Total
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(b)(7)(E)

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒

PO/CN/TN/OTHER # 70055918870090003

GOODS AND/OR SERVICES ARE
 ACCEPTABLE.

DATE GOODS REC'D. 3/22/18 - 4/1/18

(b)(6);(b)(7)(C);(b)(7)(C)

SAIC - PPD

DATE 5/2/18

Receipt # 195410

Subtotal: \$1,373.64

Tax: \$0.00

Total: \$1,373.64

Net Total Due: \$1,373.64

NATIONAL
 CONSTRUCTION RENTALS

↑ Detach here ↓

800-352-5675
 customer@rentnational.com
 rentnational.com

Customer No: 30115478
 Invoice No: 4992768

☐ Check here and see reverse for
 address and phone corrections.

Amount Enclosed: \$

Be sure to write your customer
 number on your check.

To pay by credit card, please fill
 in information on reverse side or
 visit us online at rentnational.com.



National Construction Rentals, Inc.
 P.O. Box 4503
 Pacoima, CA 91333-4503

Auth# **073-18-083**

PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 – 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: National Construction Rentals			
VENDOR TAX ID #: (b)(4)			
VENDOR ADDRESS: 6356 Narcoossee Rd. Orlando, FL 32822			
CONTACT PERSON (b)(6);(b)(7)(C)		TELEPHONE #: 407-381-2727	
AUTHORIZED AMOUNT: (Not to Exceed) \$1,391.64			
<i>(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER/ RESERVATION WITH THE VENDOR.)</i>			
ITEM OR SERVICE REQUESTED:		(b)(7)(E)	
(b)(7)(E) Delivery: 3/22/18, Pick up: 4/2/18 (Morning)			
PURPOSE OF EXPENDITURE: To provide operational security			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER: 493907		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER: 70030918P70090053		DATE APPROVED:	
PROCUREMENT CONTACT PERSON: (b)(6);(b)(7)(C)		(HDD P0002 CUN 0004)	
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a <u>valid invoice</u> and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C)		N/A	

LAW ENFORCEMENT SENSITIVE

PPD PAER (05/2017)

United Rentals

BRANCH 699
 3250 WEST 45TH STREET
 WEST PALM BEACH FL 33407-0119
 561-616-8000
 561-616-8140 FAX

Job Site
 Address

MAR A LAGO
 1100 S OCEAN BLVD
 PALM BEACH FL 33480-5004

Office (b)(6);(b)(7)(C)

US SECRET SERVICE
 9200 POWDER MILL RD
 LAUREL MD 20708-9765



RENTAL RETURN INVOICE

155600081-003

Customer # : (b)(6);(b)(7)(C)
 Invoice Date : 04/04/18
 Rental Out : 03/22/18 04:00 PM
 Rental In : 04/01/18 04:00 PM
 UR Job Loc : 1100 S OCEAN BLVD, F
 UR Job # : 17
 Customer Job ID :
 P.O. # : 082-18-086
 Ordered By :
 Reserved By : (b)(6);(b)(7)(C)
 Salesperson :

Invoice Amount: \$8,073.71

Terms: Due Upon Receipt
 Payment options: Contact our credit office 704-816-4852
 REMIT TO: UNITED RENTALS (NORTH AMERICA) INC.
 PO BOX 100711
 ATLANTA GA 30384-0711

Qty	Item	Price	Unit of Measure	Extended Amt.
				(b)(7)(E)
			TOTAL:	\$8,073.71

COMMENTS/NOTES:

CONTACT
 CALLS: (b)(6);(b)(7)(C)

Customer acknowledges one or more items listed may not be TAA compliant or on the GSA schedules.

USSS-PPD REC'D 04 SEP 18 1439

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒

PO/CN/TN/OTHER # _____

GOODS AND/OR SERVICES ARE
 ACCEPTABLE.

DATE GOODS REC'D: 3/22/18 to 4/1/18

SAIC - PPD _____ DATE _____

\$6600.72 (Net Amount)



BRANCH 698
3350 WEST 45TH STREET
WEST PALM BEACH FL 33407-019
841-616-3000
841-616-8140 FAX

Job Site
Address

MAR A LAGO
1100 S OCEAN BLVD
PALM BEACH FL 33480-5004

Office: (b)(6);(b)(7)(C)

US SECRET SERVICE
9200 POWDER MILL RD
LAUREL MD 20708-9765



RENTAL RETURN INVOICE

155600081-003

Customer # : (b)(6);(b)(7)(C)
Invoice Date : 04/04/18
Rental Out : 03/22/18 04:00 PM
Rental In : 04/01/18 04:00 PM
UR Job Loc : 1100 S OCEAN BLVD, P
UR Job # : 17
Customer Job ID:
P.O. # : OPS-18-086
Ordered By :
Reserved By : (b)(6);(b)(7)(C)
Salesperson :

Invoice Amount: \$8,073.71

Terms: Due Upon Receipt
Payment options: Contact our credit office 704-918-4852
REMIT TO: UNITED RENTALS (NORTH AMERICA), INC.
PO BOX 100711
ATLANTA GA 30384-0711

RENTAL ITEMS:		Description	Minimum	Day	Week	4 Week	Amount
Qty	Equipment						
(b)(7)(E)							

THIS INVOICE IS ISSUED SUBJECT TO THE TERMS AND CONDITIONS OF THE RENTAL AGREEMENT, WHICH ARE INCORPORATED HEREIN BY REFERENCE.
A COPY OF THE RENTAL AGREEMENT IS AVAILABLE UPON REQUEST.

You Can Now Access Invoice History and Update Purchase Orders Online
To Sign Up, contact 188CustomSupport@ur.com

United Rentals

BRANCH 499
1280 WEST 45TH STREET
WEST PALM BEACH FL 33407-019
561-616-5000
561-616-8140 FAX

Job Site
Address

MAR A LAGO
1100 S OCEAN BLVD
PALM BEACH FL 33480-5004

Office: (b)(6);(b)(7)(C)

US SECRET SERVICE
9200 POWDER MILL RD
LAUREL MD 20708-9765



RENTAL CREDIT MEMO

155600081-004

Customer # : (b)(6);(b)(7)(C)
Credit Date : 04/10/18
Credit Inv : 155600081-003
UR Job Loc : 1100 S OCEAN BLVD, P
UR Job # : 17
Customer Job ID :
P.O. # : OPS-18-086
Ordered By :
Reserved By : (b)(6);(b)(7)(C)
Salesperson :

Invoice Amount: \$1,412.99-

Term: Due Upon Receipt
Payment options: Contact our credit office 784-816-4820
REMIT TO: UNITED RENTALS (NORTH AMERICA) INC.
PO BOX 100711
ATLANTA GA 30384-0711

RENTAL ITEMS:	Qty	Equipment	Description	Minimum	Day	Week	4 Week	Amount
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(b)(7)(E)

Reason: QUOTED DIFF RATE CREDIT

Rental Subtotal: 1,412.99-

Agreement Subtotal: 1,412.99-

Total: 1,412.99-

COMMENTS/NOTES:

CONTACT
CELLS: (b)(6);(b)(7)(C)

* Note: Inv is to be combined
with inv # 155600081-003
(\$8,073.71) to match
quote in the amount of
(\$6,660.72)

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐

FINAL PAYMENT ☒

PO/CN/TN/OTHER #

GOODS AND/OR SERVICES ARE
ACCEPTABLE.

DATE GOODS REC'D 3/22/18 to 4/1/18

SATC - PPD

DATE

THIS CREDIT MEMO IS ISSUED SUBJECT TO THE TERMS AND CONDITIONS OF THE RENTAL AGREEMENT, WHICH ARE INCORPORATED HEREIN BY REFERENCE.

For more information, visit www.unitedrentals.com
To Sign Up, contact LRG@unitedrentals.com

Page: 1

Auth: ~~013-16-056~~

PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11
DATE OF VISIT: 03/23/18 – 04/01/18		CITY & STATE: Palm Beach, FL
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480		
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA
VENDOR NAME: United Rentals		
VENDOR TAX ID #:	(b)(4)	
VENDOR ADDRESS: Branch 698 3250 West 45 th Street West Palm Beach, FL 33407		
CONTACT PERSON:	(b)(6);(b)(7)(C)	TELEPHONE #: 240-624-3011
AUTHORIZED AMOUNT: (Not to Exceed) \$6680.72 (THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)		
ITEM OR SERVICE REQUESTED:		(b)(7)(E)
Delivery: 3/22/18 Pickup: 4/1/18 (after 7pm)		
PURPOSE OF EXPENDITURE: For site operations		
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480		
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED		
PPD REQUISITION NUMBER: 493620		DATE SUBMITTED:
EMERGENCY PURCHASE ORDER NUMBER: 70US0918P70090051		DATE APPROVED: 02/21/18
PROCUREMENT CONTACT PERSON:	(b)(6);(b)(7)(C)	(MOD P0002, CLIN 0005)
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:		
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150
Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:
ATSAIC	(b)(6);(b)(7)(C);(b)(7)(E)	3/19/18
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:
Liaison & Administrative Manager	(b)(6);(b)(7)(C)	N/A

LAW ENFORCEMENT SENSITIVE

PPD PAER (05/2017)

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 – 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: Grimes Events & Party Tents			
VENDOR TAX ID #: (b)(4)			
VENDOR ADDRESS: 614 SE 4 th Avenue, Delray Beach, FL 33483			
CONTACT PERSON: (b)(6);(b)(7)(C)		TELEPHONE #: 561-853-8368	
AUTHORIZED AMOUNT: (Not to Exceed) \$7248.89 (THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)			
ITEM OR SERVICE REQUESTED: (b)(7)(E)			
(Three quotes, \$1133.02, 1133.02, and \$4982.85,)			
PURPOSE OF EXPENDITURE: To provide operational security			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER:		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a <u>valid invoice</u> and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		2/26/2018	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C)			

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip # 332-601-035-0143-18-11	
DATE OF VISIT: 3/23/18 – 4/1/18		CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480			
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA	
VENDOR NAME: Porta Potty ToGo			
VENDOR TAX ID #: (b)(4)			
VENDOR ADDRESS: 1438 N. Mangonia Cir West Palm Beach, FL 33401			
CONTACT PERSON: (b)(6);(b)(7)(C)		TELEPHONE #: 561-440-8646	
AUTHORIZED AMOUNT: (Not to Exceed) \$825.00			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)			
ITEM OR SERVICE REQUESTED:			
(b)(7)(E)			
Items to be delivered on 3/22/18 & picked up on 4/2/18; 3 cleanings			
PURPOSE OF EXPENDITURE: Restrooms for USSS personnel			
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480			
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED			
PPD REQUISITION NUMBER:		DATE SUBMITTED:	
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:	
Liaison & Administrative Manager (b)(6);(b)(7)(C)			

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(D)		Trip# 332-601-035-0143-18-11
DATE OF VISIT: 03/23/18 – 04/01/18	CITY & STATE: Palm Beach, FL	
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480		
SITE(s)/LOCATION cont'd: N/A	COUNTRY: USA	
VENDOR NAME: United Rentals		
VENDOR TAX ID #:	(b)(4)	
VENDOR ADDRESS: Branch 698 3250 West 45 th Street West Palm Beach, FL 33407		
CONTACT PERSON:	(b)(6);(b)(7)(C)	TELEPHONE #: 240-624-3011
AUTHORIZED AMOUNT: (Not to Exceed) \$6660.72		
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)		
ITEM OR SERVICE REQUESTED: (b)(7)(E)		
Delivery: 3/22/18 Pickup: 4/1/18 (after 7pm)		
PURPOSE OF EXPENDITURE: For site operations		
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480		
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED		
PPD REQUISITION NUMBER: 493620		DATE SUBMITTED:
EMERGENCY PURCHASE ORDER NUMBER: 70US0918P70090051		DATE APPROVED: 02/21/18
PROCUREMENT CONTACT PERSON:		(b)(6);(b)(7)(C)

Auth# _____

PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:

(b)(6);(b)(7)(C);(b)(7)(E)

-OR-

COMMUNICATIONS CENTER (PPD)

ATTN: Budget Coordinator

P. O. Box 6500

Springfield, VA 22150

Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to

(b)(6);(b)(7)(C);(b)(7)(E)

OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:

DATE OF APPROVAL:

ATSAIC (b)(6);(b)(7)(C);
(b)(7)(E)

3/19/18

APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS /
RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:

AUTHORIZATION DATE:

Liaison & Administrative Manager

(b)(6);(b)(7)(C)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. P00002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ NO 493620	
6. ISSUED BY PRO-PROCUREMENT DIV COMMUNICATIONS CENTER (PRO) 245 MURRAY LANE SW BLDG T-5 WASHINGTON DC 20223		CODE PRO-PROCUREMENT D		7. ADMINISTERED BY (If other than Item 6) PRO-PROCUREMENT DIV COMMUNICATIONS CENTER (PRO) 245 MURRAY LANE, SW BLDG T-5 WASHINGTON DC 20223	
8. NAME AND ADDRESS OF CONTRACTOR (No, street county, State and ZIP Code) UNITED RENTALS NORTH AMERICA, INC 6600 EAST SCHAAF ROAD INDEPENDENCE OH 44131		(X)		9A. AMENDMENT OF SOLICITATION NO	
				9B. DATED (SEE ITEM 11)	
		X		10A. MODIFICATION OF CONTRACT/ORDER NO 70US0918P70090051	
				10B. DATED (SEE ITEM 13) 01/12/2018	
CODE		FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended is not extended
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
 See Schedule Net Increase: \$30,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority). THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF _____
X	D. OTHER (Specify type of modification and authority) FAR 43.103(b) Additional funding for upcoming visits

E. IMPORTANT: Contractor is not is required to sign this document and return _____ copies to the issuing office

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)
 18-PPD-EPO-015-SLE

The purpose of this Purchase Order is to extend services for continued rental of Generators, lights and additional fuel as needed for protective visits through 05/31/2018. Therefore; CLIN 0004 is added in the not to exceed amount of \$30,000.00.

The value of this contract is increased from \$14,362.50 to \$44,362.00.

The POC for United Rentals is (b)(6);(b)(7)(C) at telephone number 561-616-5000 or (b)(6);(b)(7)(C) at telephone number 561-616-5000 or (b)(6);(b)(7)(C).com

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) (b)(6);(b)(7)(C) Inside Sales Rep		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)	
15B. CONTRACTING OFFICER (b)(6);(b)(7)(C)		16B. UNITED STATES OF AMERICA (b)(6);(b)(7)(C) (Signature of Contracting Officer)	
15C. DATE SIGNED		16C. DATE SIGNED Digitally signed by (b)(6);(b)(7)(C) Date: 2018.01.21 09:57:28 -05'00'	

NSN 7540-01-156-8070
 Previous edition unusable

STANDARD FORM 30 (REV 10-83)
 Prescribed by GSA
 FAR (48 CFR) 53.243

CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED 70US0918P70090051/P00002		PAGE 2	OF 2
NAME OF OFFEROR OR CONTRACTOR UNITED RENTALS NORTH AMERICA, INC					
ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Onsite Point of Contact for USSS is SA (b)(6):(b)(7)(C) at telephone number (b)(6):(b)(7)(C) or (b)(6):(b)(7)(C)@uss.s.dhs.gov</p> <p>Contracting Officer is (b)(6):(b)(7)(C) at telephone number (b)(6):(b)(7)(C) or (b)(6):(b)(7)(C)@uss.s.dhs.gov</p> <p>Except as stated in this modification, all other terms and conditions remain unchanged and in full force and effect.</p> <p>Discount Terms: Prompt Net 30</p> <p>FOB: Destination</p> <p>Period of Performance: 01/12/2018 to 05/31/2018</p> <p>Add Item 0005 as follows:</p>				
0005	<p>Modification to extend the period of performance for rental of generators and miscellaneous items required on an "as needed" basis with a **MTE \$30,000.00**</p> <p>USSS BETC: DISB</p> <p>Project Data:</p> <p>OPO008-OPO008_18_0400_10_00-Presidential Protective Division (PPD)-233-Lease Other Equip (>90d)-02/16/2018</p> <p>Accounting Info:</p> <p>2018-0400.000DA00.1818D.00-H070H475H000-07000000-0</p> <p>PO008-OPO008_18_0400_10_00-233020-07010000-6100000</p> <p>1-0-0-0-0</p> <p>Funded: \$30,000.00</p> <p>Period of Performance: 02/18/2018 to 05/31/2018</p>	30000	US	1.00	30,000.00

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b)(6);(b)(7)(C);(b)(7)(E)		Trip# 332-601-035-0143-18-11
DATE OF VISIT: 03/23/18 – 04/01/18		CITY & STATE: Palm Beach, FL
SITE(s)/LOCATION: Mar-a-Lago Resort, 1100 South Ocean Boulevard, Palm Beach, FL 33480		
SITE(s)/LOCATION cont'd: N/A		COUNTRY: USA
VENDOR NAME: United Rentals		
VENDOR TAX ID #: (b)(4)		
VENDOR ADDRESS: Branch 698 3250 West 45 th Street West Palm Beach, FL 33407		
CONTACT PERSON: (b)(6);(b)(7)(C)		TELEPHONE #: 240-624-3011
AUTHORIZED AMOUNT: (Not to Exceed) \$6660.72 (THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR.)		
ITEM OR SERVICE REQUESTED: (b)(7)(E)		
Delivery: 3/22/18 Pickup: 4/1/18 (after 7pm)		
PURPOSE OF EXPENDITURE: For site operations		
ADDRESS WHERE EQUIPMENT SHALL BE DELIVERED OR SERVICES PROVIDED: 1100 South Ocean Boulevard, Palm Beach, FL 33480		
<input type="checkbox"/> CHECK THIS BOX IF AN EMERGENCY PURCHASE ORDER IS REQUIRED		
PPD REQUISITION NUMBER: 493620		DATE SUBMITTED:
EMERGENCY PURCHASE ORDER NUMBER: 70US0918P70090051		DATE APPROVED: 02/21/18
PROCUREMENT CONTACT PERSON: (b)(6);(b)(7)(C)		
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:		
(b)(6);(b)(7)(C);(b)(7)(E)		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150
Please note that payment shall be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please email invoice to (b)(6);(b)(7)(C);(b)(7)(E)		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:
ATSAIC (b)(6);(b)(7)(C);(b)(7)(E)		3/19/18
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES FOR ITEMS / RENTALS OF \$3,500 OR LESS or SERVICES OF \$2,500 OR LESS:		AUTHORIZATION DATE:
Liaison & Administrative Manager (b)(6);(b)(7)(C)		

LAW ENFORCEMENT SENSITIVE

PPD PAER (05/2017)

BRANCH 638
3250 WEST 45TH STREET
WEST PALM BEACH FL 33407-019
561-616-8000
561-616-8140 FAX

155594744

Job Site
Address

MAR A LAGO
1100 S OCEAN BLVD
PALM BEACH FL 33480-5004

Office: (b)(6);(b)(7)(C)

US SECRET SERVICE
9200 POWDER MILL RD
LAUREL MD 20708-9765

Customer # : (b)(6);(C)
Quote Date : 03/22/18
Estimated Out : 03/22/18 04:00 PM
Estimated In : 04/01/18 04:00 PM
UR Job Loc : 1100 S OCEAN BLVD, P
UR Job # : 17
Customer Job ID:
P.O. # : TBD
Ordered By :
Written By : (b)(6);(b)(7)(C)
Salesperson :

**This is not an invoice
Please do not pay from this document**

RENTAL ITEMS:								
Qty	Equipment	Description	Minimum	Day	Week	4 Week	Estimated Amt.	

(b)(7)(E)

Estimated Total: 6,660.72

COMMENTS/NOTES:

CONTACT
CELL#: (b)(6);(b)(7)(C)

Customer acknowledges one or more items listed may not be TAA compliant or on the GSA schedules.

TO SCHEDULE EQUIPMENT FOR PICKUP, CALL 800-UR-RENTS (800-877-3687)
WE ARE AVAILABLE 24/7 TO SUPPLY YOU WITH A CONFIRMATION #
IN ORDER TO CLOSE THIS CONTRACT

This proposal may be withdrawn if not accepted within 30 days. The above referenced Rental Protection Plan, environmental, and tax charges are estimates and are subject to change.

THIS IS NOT A RENTAL AGREEMENT. THE RENTAL OF EQUIPMENT AND ANY OTHER ITEMS LISTED ABOVE IS SUBJECT TO AVAILABILITY AND ACCEPTANCE OF THE TERMS AND CONDITIONS OF UNITED'S RENTAL AGREEMENT, WHICH MUST BE SIGNED PRIOR TO OR UPON DELIVERY OF THE EQUIPMENT AND OTHER ITEMS.



Hampton Inn West Palm Beach Central Airport
1601 Worthington Road • West Palm Beach, FL 33409
Phone (561) 472-7333 • Fax (561) 472-7511

(b)(7)(E) USSS 6 GET WEST PALM BEACH FL 33409 UNITED STATES OF AMERICA	name address	room number: arrival date: departure date: adult/child: room rate: Rate Plan: HH # AL: Car:	ES6 (b)(7)(E) 12:00:00 AM (b)(7)(E) 12:00:00 AM	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
	4/2/2018	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. A fee of up to 250 USD will be assessed for smoking in a non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas.		

date	reference	description	amount
(b)(6);(b)(7)(C);(b)(7)(E)			

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no. (b)(7)(E)
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	



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	4/2/2018			

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(b)(7)(E) USSS 8 GET WEST PALM BEACH FL 33409 UNITED STATES OF AMERICA	name address	room number: arrival date: departure date: adult/child: room rate: Rate Plan: HH # AL: Car:	ES6 (b)(7)(E) 12:00:00 AM (b)(7)(E) 12:00:00 AM	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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4/2/2018

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for reservations call 1.800.hampton or visit us online at hampton.com thanks.			
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		taxes	
		tips & misc.	
signature of card member X		total amount	



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(b)(7)(E) USSS 6 GET WEST PALM BEACH FL 33409 UNITED STATES OF AMERICA	name address	room number: ES6 arrival date: (b)(7)(E) 12:00:00 AM departure date: (b)(7)(E) 12:00:00 AM adult/child: room rate:	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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	tips & misc.	
signature of card member	total amount	
X		



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establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
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X		



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(b)(7)(E) JSSS 6 GET WEST PALM BEACH FL 33409 UNITED STATES OF AMERICA	name address	room number: arrival date: departure date:	ES6 (b)(7)(E) 12:00:00 AM 12:00:00 AM	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
		adult/child: room rate: Rate Plan: HH # AL: Car:		
4/2/2018		Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. A fee of up to 250 USD will be assessed for smoking in a non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas.		

date	reference	description	amount	
(b)(6);(b)(7)(C);(b)(7)(E)				

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no.
		(b)(7)(E)
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		



Hampton Inn West Palm Beach Central Airport
1601 Worthington Road • West Palm Beach, FL 33409
Phone (561) 472-7333 • Fax (561) 472-7511

(b)(7)(E)USSS 6 GET WEST PALM BEACH FL 33409 UNITED STATES OF AMERICA	name address	room number: arrival date: departure date: adult/child: room rate:	ES6 (b)(7)(E) 12:00:00 AM 12:00:00 AM	<small>If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.</small>
	Rate Plan: HH # AL: Car:			
4/2/2018		<small>Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. A fee of up to 250 USD will be assessed for smoking in a non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas.</small>		

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		(b)(7)(E)
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		



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date	reference	description	amount
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		(b)(7)(E)
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		



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4/2/2018

date	reference	description	amount	
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account no.	date of charge	folio/check no. (b)(7)(E)
card member name	authorization	initial
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	taxes	
	tips & misc.	
signature of card member X	total amount	



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4/2/2018		Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. A fee of up to 290 USD will be assessed for smoking in a non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas.		

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(b)(6);(b)(7)(C);(b)(7)(E)			

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account no.	date of charge	folio/check no.
		(b)(7)(E)
card member name	authorization	initial
establishment no. and location	establishment agrees to transmit to card holder for payment purchases & services taxes tips & misc.	
signature of card member	total amount	
X		



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4/2/2018				

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(b)(6);(b)(7)(C);(b)(7)(E)				

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account no.	date of charge	folio/check no.
		(b)(7)(E)
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	
X		



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card member name	authorization	initial
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for reservations call 1.800.hampton or visit us online at hampton.com			thanks.
account no.		date of charge	folio/check no. (b)(7)(E)
card member name		authorization	initial
establishment no. and location		establishment agrees to transmit to card holder for payment purchases & services taxes tips & misc.	
signature of card member X		total amount	



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	taxes	
	tips & misc.	
signature of card member	total amount	
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(b)(6);(b)(7)(C);(b)(7)(E)			

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	taxes	
	tips & misc.	
signature of card member	total amount	

X



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(b)(6);(b)(7)(C);(b)(7)(E)				




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account no.		date of charge	folio/check no. (b)(7)(E)	
card member name		authorization	initial	
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>		purchases & services		
		taxes		
		tips & misc.		
signature of card member X		total amount		



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4/2/2018

date	reference	description	amount
		(b)(6);(b)(7)(C);(b)(7)(E)	
		BALANCE	\$67,328.00
   			
for reservations call 1.800.hampton or visit us online at hampton.com			
account no.		date of charge	folio/check no. (b)(7)(E)
card member name		authorization	initial
establishment no. and location		purchases & services	
establishment agrees to transmit to card holder for payment		taxes	
		tips & misc.	
signature of card member X		total amount	

thanks.



DOUBLETREE BY HILTON MACC
 711 NW 72ND AVENUE
 MIAMI, FL 33126
 United States of America
 TELEPHONE 305-261-3800 • FAX 305-261-7655
 Reservations
 www.hilton.com or 1 800 HILTONS

US SECRET SERVICE

(b)(6);(b)(7)(C);(b)(7)(E) DUSSS.DHS.GOV

MIAMI FL 33131
 UNITED STATES OF AMERICA

Room No: 309
 Arrival Date:
 Departure Date:
 Adult/Child:
 Cashier ID: (b)(6)
 Room Rate:
 AL:
 HH #
 VAT #
 Folio No/Che (b)(7)(E)

DOUBLETREE BY HILTON MACC 4/3/2018 6:00:00 PM

GROUP CHARGES -

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
(b)(6);(b)(7)(C);(b)(7)(E)						
3/23/2018	(b)(6);(b)(7)(C);(b)(7)(E)	(b)(6);	3620380		(\$352.00)	
Nonresponsive To The FOIA Request						
4/3/2018	(b)(6);(b)(7)(C);(b)(7)(E)	(b)(6);	3633007		(\$296.00)	
BALANCE						\$0.00

EXPENSE REPORT
SUMMARY

	3/23/2018	3/24/2018	STAY TOTAL
ROOM AND TAX	\$352.00	\$296.00	\$648.00
DAILY TOTAL	\$352.00	\$296.00	\$648.00

THANK YOU FOR STAYING AT DOUBLETREE BY HILTON MIAMI AIRPORT & CONVENTION CENTER

CREDIT CARD DETAIL

APPR CODE	029134	MERCHANT ID	302760
CARD NUMBER	(b)(6);(b)(7)(C);(b)(7)(E)	EXP DATE	09/20
TRANSACTION ID	3620380	TRANS TYPE	Sale



1808 South Australian Ave. • West Palm Beach, FL 33409
 Phone (561) 689-6888 • Fax (561) 683-5783
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 www.doubletree.com or 1-800-222-TREE

Name & Address

US Secret Service
 10350 N.W 112TH AVE
 MIAMI FL 33178
 UNITED STATES OF AMERICA

Room
 Arrival Date
 Departure Date

USS
 (b)(7)(E) 12:00:00 AM
 (b)(7)(E) 12:00:00 AM

Adult/Child
 Room Rate

Rate Plan
 HH #
 AL
 Car.

Folio

4/3/2018

HHONORS
 HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO / CHECK NO	
ESTABLISHMENT NO & LOCATION		(b)(7)(E)	
ESTABLISHMENT ADDRESS TO TRANSMIT TO CARD HOLDER FOR PAYMENT		AUTHORIZATION	
CARD MEMBER'S SIGNATURE		INITIAL	
X		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC	
		TOTAL AMOUNT	

W
 WALDORF
 ASTORIA

CONRAD

Hilton

DOUBLETREE

E
 EMBASSY
 SUITES

Hampton
 Garden Inn

Hampton

HOMewood
 SUITES

HOME2

Hilton
 Grand Vacations

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REDOLDED OR RETURNED FOR A CASH REFUND

PAYMENT DUE UPON RECEIPT



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 MIAMI FL 33178
 UNITED STATES OF AMERICA

Room
 Arrival Date
 Departure Date

USS
 (b)(7)(E) 12:00:00 AM
 (b)(7)(E) 12:00:00 AM

Adult/Child
 Room Rate

Rate Plan
 HH #
 AL:
 Car:

Folio

4/3/2018

HHONORS
 HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO /CHECK NO	
ESTABLISHMENT NO & LOCATION		(b)(7)(E)	
CARD MEMBER'S SIGNATURE		AUTHORIZATION	
<p>ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT</p> <p>_____</p>		INITIAL	
		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC	
TOTAL AMOUNT			

W
 WALDORF
 ASTORIA
 WORLD RESORT

CONRAD
 HILTON WORLDWIDE

Hilton
 HILTON WORLDWIDE

DOUBLETREE
 HILTON WORLDWIDE

F
 EMPLOYEE
 FOLIO

Garden Inn
 HILTON WORLDWIDE

Hampton
 HILTON WORLDWIDE

HOMESWOOD SUITES
 HILTON WORLDWIDE

HOME2
 HILTON WORLDWIDE

Hilton
 Grand Vacations

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 UNITED STATES OF AMERICA

Room
 Arrival Date
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 (b)(7)(E) 12:00:00 AM

Adult/Child
 Room Rate

Rate Plan:
 HH #
 AL:
 Car:

Folio

4/3/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO / CHECK NO	
ESTABLISHMENT NO & LOCATION		(b)(7)(E)	
ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT		AUTHORIZATION	
CARD MEMBER'S SIGNATURE		INITIAL	
X		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC	
		TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND OR RETURNED FOR A CASH REFUND

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Room
 Arrival Date
 Departure Date

Room
 Arrival Date
 Departure Date
 (b)(7)(E) 12:00:00 AM
 (b)(7)(E) 12:00:00 AM

Adult/Child
 Room Rate

Rate Plan.
 HH #
 AL:
 Car:

Folio

4/3/2018

H HONORS
 HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		POLIO NO/CHECK NO	
ESTABLISHMENT NO & LOCATION		AUTHORIZATION	
CARD MEMBER'S SIGNATURE		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC	
		TOTAL AMOUNT	



CONRAD
 HOTELS & RESORTS



MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

PAYMENT DUE UPON RECEIPT



1808 South Australian Ave. • West Palm Beach, FL 33409
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 For reservations across the nation
 www.doubletree.com or 1-800-222-TREE

Name & Address

US Secret Service
 10350 N.W 112TH AVE
 MIAMI FL 33178
 UNITED STATES OF AMERICA

Room
 Arrival Date
 Departure Date

USS
 (b)(7)(E) 12:00:00 AM
 (b)(7)(E) 12:00:00 AM

Adult/Child
 Room Rate

Rate Plan:
 HH #
 AL:
 Car:

Folio

4/3/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			

ACCOUNT NO	DATE OF CHARGE	FOLIO NO /CHECK NO
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	



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ESTABLISHMENT NO & LOCATION		PURCHASES & SERVICES	
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ACCOUNT NO	DATE OF CHARGE	FOLIO NO / CHECK NO
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO & LOCATION	PURCHASES & SERVICES	
	TAXES	
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CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	

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4/3/2018

HHONORS
 HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO /CHECK NO	
ESTABLISHMENT NO & LOCATION		(b)(7)(E)	
ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT		AUTHORIZATION	
CARD MEMBER'S SIGNATURE		INITIAL	
X		PURCHASES & SERVICES	
		TAXES	
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		TOTAL AMOUNT	

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W
 WALDORF
 ASTORIA

CONRAD

Hilton

DOUBLE TREE

E
 Embassy
 Suites

Garden Inn

Hampton

HOMELAND
 SUITES

HOME2

Hilton
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 Car:

Folio

4/3/2018

HHONORS
 HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
(b)(6);(b)(7)(C);(b)(7)(E)			
3/27/2018	1536199	(b)(6);(b)(7)(C);(b)(7)(E)	(\$43,820.08)
(b)(6);(b)(7)(C);(b)(7)(E)			
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO / CHECK NO	
ESTABLISHMENT NO & LOCATION		AUTHORIZATION	
CARD MEMBER'S SIGNATURE		INITIAL	
X		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC	
		TOTAL AMOUNT	

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 WALDORF
 ASTORIA

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Hilton

DOUBLETREE

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Hampton

HOMWOOD
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HOME2

Hilton
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Adult/Child
Room Rate

Rate Plan:
HH #
AL:
Car:

Folio

4/3/2018

HHONORS
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT																		
(b)(7)(E)																					
3/27/2018	1536199	(b)(6):(b) **BALANCE**	\$132.08 \$0.00																		
<table border="1"> <tr> <td>ACCOUNT NO</td> <td>DATE OF CHARGE</td> <td>FOLIO NO /CHECK NO</td> </tr> <tr> <td>CARD MEMBER NAME</td> <td>AUTHORIZATION</td> <td>INITIAL</td> </tr> <tr> <td>ESTABLISHMENT NO & LOCATION</td> <td colspan="2">PURCHASES & SERVICES</td> </tr> <tr> <td></td> <td colspan="2">TAXES</td> </tr> <tr> <td></td> <td colspan="2">TIPS & MISC</td> </tr> <tr> <td>CARD MEMBER'S SIGNATURE</td> <td>TOTAL AMOUNT</td> <td></td> </tr> </table>				ACCOUNT NO	DATE OF CHARGE	FOLIO NO /CHECK NO	CARD MEMBER NAME	AUTHORIZATION	INITIAL	ESTABLISHMENT NO & LOCATION	PURCHASES & SERVICES			TAXES			TIPS & MISC		CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	
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W
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ASTORIA

CONRAD

Hilton
GUESTS & GROUPS

DOUBLETREE

EMBASSY
SUITE

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Hampton

HOMewood
SUITES

HOME2

Hilton
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WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5956 • FAX 561-472-5957

(b)(7)(E) JSSS 6

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

ES6

(b)(7)(E) 12:00:00 AM
12:00:00 AM

Rate Plan:
HH #
AL:
Car:

4/3/2018

(b)(6);(b)(7)(C);(b)(7)(E)

254406 A

THANK YOU FOR CHOOSING THE HILTON GARDEN INN FOR YOUR
STAY.

1811 WORTHINGTON RD
WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5958 • FAX 561-472-5957

(b)(7)(E) JSSS 6

WEST PALM BEACH FL 33409
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Rate Plan:
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(b)(7)(E) USSS 8

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WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5956 • FAX 561-472-5957

(b)(7)(E) USSS 6

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

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1611 WORTHINGTON RD
WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5956 • FAX 561-472-5957

(b)(7)(E) JSSS 6

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

ES6

(b)(7)(E) 12:00:00 AM
12:00:00 AM

Rate Plan:
HH #
AL:
Car:

4/3/2018

(b)(6);(b)(7)(C);(b)(7)(E)

254406 A

THANK YOU FOR CHOOSING THE HILTON GARDEN INN FOR YOUR
STAY.

1611 WORTHINGTON RD
WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5956 • FAX 561-472-5957

(b)(7)(E) USSS 6

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

ES6

(b)(7)(E) 12:00:00 AM
12:00:00 AM

Rate Plan:
HH #
AL:
Car:

4/3/2018

(b)(6);(b)(7)(C);(b)(7)(E)

254408 A

THANK YOU FOR CHOOSING THE HILTON GARDEN INN FOR YOUR
STAY.

1611 WORTHINGTON RD
WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5956 • FAX 561-472-5957

(b)(7)(E) USSS 6

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

ES6

(b)(7)(E) 12:00:00 AM
12:00:00 AM

Rate Plan:
HH #
AL:
Car:

4/3/2018

(b)(6);(b)(7)(C);(b)(7)(E)

254406 A

THANK YOU FOR CHOOSING THE HILTON GARDEN INN FOR YOUR
STAY.

1811 WORTHINGTON RD
WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5958 • FAX 561-472-5957

(b)(7)(E) USSS 8

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

ES6

(b)(7)(E) 12:00:00 AM
12:00:00 AM

Rate Plan:
HH #
AL:
Car:

4/3/2018

(b)(6);(b)(7)(C);(b)(7)(E)

254406 A

THANK YOU FOR CHOOSING THE HILTON GARDEN INN FOR YOUR
STAY.

1611 WORTHINGTON RD
WEST PALM BEACH, FL 33409
TELEPHONE 561-472-5956 • FAX 561-472-5957

(b)(7)(E) USSS 6

WEST PALM BEACH FL 33409
UNITED STATES OF AMERICA

ES6

(b)(7)(E) 12:00:00 AM
12:00:00 AM

Rate Plan:
HH #
AL:
Car:

4/3/2018

****BALANCE****

\$133,900.00

254406 A

**THANK YOU FOR CHOOSING THE HILTON GARDEN INN FOR YOUR
STAY.**



HAMPTON INN & SUITES - BOYNTON BEACH
1475 W. GATEWAY BLVD
BOYNTON BEACH, FL 33426
United States of America
TELEPHONE 561-369-0018 • FAX 561-738-5235
Reservations
www.hamptoninn.com or 1 800 HAMPTON

US SECRET SERVICE - ROOMING LI

UNITED STATES SECRET SERVICE
10350 NW 112TH AVE
MIAMI FL 33178
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Che

USS

(b)(6);(b)(7)(C);(b)(7)(E)

(b)(7)(E)

HAMPTON INN & SUITES - BOYNTON BEACH 5/21/2018 1:14:00 PM
GROUP CHARGES -

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			

US SECRET SERVICE - ROOMING LI

Room No:

USS

UNITED STATES SECRET SERVICE

Arrival Date:

10350 NW 112TH AVE

Departure Date:

MIAMI FL 33178

Adult/Child:

UNITED STATES OF AMERICA

Cashier ID:

(b)(6);(b)(7)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

HAMPTON INN & SUITES - BOYNTON BEACH 5/21/2018 1:14:00 PM

GROUP CHARGES -

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

US SECRET SERVICE - ROOMING LI

Room No:

USS

UNITED STATES SECRET SERVICE

Arrival Date:

10350 NW 112TH AVE

Departure Date:

MIAMI FL 33178

Adult/Child:

UNITED STATES OF AMERICA

Cashier ID:

(b)(6);(b)(7)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

HAMPTON INN & SUITES - BOYNTON BEACH 5/21/2018 1:14:00 PM

GROUP CHARGES -

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			
3/26/2018	2540728	Vs (b)(7)	(\$17,958.00)
BALANCE			\$0.00

CREDIT CARD DETAIL

APPR CODE

044081

MERCHANT ID

835800867700

CARD NUMBER

(b)(7)(E)

EXP DATE

09/20

TRANSACTION ID

2540728

TRANS TYPE

Sale



05-21-18

United States Secret Service United States	Folio No.	:	(b)(7)(E)	Cashier No.	:	(b)(7)(E)	Room No.	:	9013
	A/R Number	:					Arrival	:	
	Group Code	:	(b)(6)				Departure	:	(b)(7)(E)
	Company	:					Conf. No.	:	
	Membership No.	:					Rate Code	:	
	Invoice No.	:					Page No.	:	1 of 4

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)			
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Holiday Inn Airport West Palm Beach
1301 Belvedere Road
West Palm Beach, FL 33405
Telephone: (561) 659-3880 Fax: (561) 655-8886



05-21-18

United States Secret Service United States	Folio No. :	(b)(7)(E)	Cashier No. :	(b)(6)	Room No. :	9013
	A/R Number :				Arrival :	
	Group Code :	(b)(6);			Departure :	(b)(7)(E)
	Company :				Conf. No. :	
	Membership No. :				Rate Code :	
	Invoice No. :				Page No. :	2 of 4

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)			
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05-21-18

United States Secret Service United States	Folio No.	:	(b)(7)(E)	Cashier No.	:	(b)(6)	Room No.	:	9013
	A/R Number	:					Arrival	:	
	Group Code	:	(b)(6)				Departure	:	(b)(7)(E)
	Company	:					Conf. No.	:	
	Membership No.	:					Rate Code	:	
	Invoice No.	:					Page No.	:	3 of 4

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)			
----------------------------	--	--	--

Holiday Inn Airport West Palm Beach
1301 Belvedere Road
West Palm Beach, FL 33405
Telephone: (561) 659-3880 Fax: (561) 655-8886



05-21-18

United States Secret Service United States	Folio No.	:	(b)(7)(E)	Cashier No.	:	(b)(6)	Room No.	:	9013
	A/R Number	:		Arrival	:		Departure	:	(b)(7)(E)
	Group Code	:	(b)(6)	Conf. No.	:		Rate Code	:	
	Company	:		Page No.	:		4 of 4		
	Membership No.	:							
	Invoice No.	:							

Date	Description	Charges	Credits
	(b)(6);(b)(7)(C);(b)(7)(E)		
04-02-18	Visa XXXXXXXXXXXX (b)(6);(b)		14,820.00
Total		14,820.00	14,820.00
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Airport West Palm Beach
1301 Belvedere Road
West Palm Beach, FL 33405
Telephone: (561) 859-3880 Fax: (561) 855-8886

Secret Service

MIAMI FL 33405
UNITED STATES OF AMERICA

Room No:

Arrival Date:

Departure Date:

Adult/Child:

Cashier ID:

Room Rate:

AL:

HH #

VAT #

Folio No/Che

USMAR2

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

Secret Service

MIAMI FL 33405
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Che

USMAR2

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

Secret Service

MIAMI FL 33405
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Che

USMAR2

(b)(7)(E) 12:00:00 AM
2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			

Obtained via FOIA by Judicial Watch, Inc.
150 Australian Ave
WEST PALM BEACH, FL 33406
TELEPHONE 561-684-9400 • FAX 561-689-9421

Secret Service

MIAMI FL 33406
UNITED STATES OF AMERICA

Room No:

Arrival Date:

Departure Date:

Adult/Child:

Cashier ID:

Room Rate:

AL:

HH #

VAT #

Folio No/Che

USMAR2

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

150 Australian Ave
WEST PALM BEACH, FL 33408
TELEPHONE 561-684-9400 • FAX 561-689-9421

Secret Service

MIAMI FL 33405
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Chs

USMAR2

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

Secret Service

Room No:

USMAR2

Arrival Date:

(b)(7)(E) 12:00:00 AM

Departure Date:

2:00:00 AM

Adult/Child:

Cashier ID:

(b)(6);(b)(7)

Room Rate:

AL:

HH #

VAT #

Folio No/Chg

(b)(7)(E)

MIAMI FL 33405

UNITED STATES OF AMERICA

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

Secret Service

MIAMI FL 33405
UNITED STATES OF AMERICA

Room No:

Arrival Date:

Departure Date:

Adult/Child:

Cashier ID:

Room Rate:

AL:

HH #

VAT #

Folio No/Che

USMAR2

(b)(7)(E) 12:00:00 AM
2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

Secret Service

Room No:

USMAR2

Arrival Date:

(b)(7)(E)

12:00:00 AM

Departure Date:

2:00:00 AM

Adult/Child:

Cashier ID:

(b)(6);(b)(7)(E)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

MIAMI FL 33405

UNITED STATES OF AMERICA

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
------	--------	-------------	---------

(b)(6);(b)(7)(C);(b)(7)(E)

Obtained via FOIA by Judicial Watch, Inc.
150 Australian Ave
WEST PALM BEACH, FL 33406
TELEPHONE 561-684-9400 • FAX 561-689-9421

Secret Service

MIAMI FL 33405
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Che

USMAR2

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 2:00:00 AM

(b)(6);(b)(7)(E)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:07:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			
BALANCE			\$70,485.00

US Secret Service
Dept. of Homeland Security
10350 NW 112th Avenue
Medley, FL
33178-1054

Res. # 013840
Checked in Fri Mar 23/18 - 12:40 pm
Checked out
Room Rate (b)(7)(E)
Room

Date	Description	Member #	Reference	Charges	Credits
	(b)(7)(E)	(b)(6);(b)(7)			
	April Direct Bill				3565.35
	Total Outstanding		0.00	3565.35	3565.35

Signature: _____

Our Tax # is 65-0567671

US Secret Service
Dept. of Homeland Security
10350 NW 112th Avenue
Medley, FL
33178-1054

Res. # 013841
Checked in Fri Mar 23/18 - 12:41 pm
Checked out
Room Rate (b)(7)(E)
Room

Date	Description	Member # Reference	Charges	Credits
	(b)(7)(E)	(b)(6);(b)(7)(C)		
Apr01	Direct Bill			3565.35
	Total Outstanding	0.00	3565.35	3565.35

Signature: _____

Our Tax # is 65-0567671

US Secret Service
Dept. of Homeland Security
10350 NW 112th Avenue
Medley, FL
33178-1054

Res. # 013842
Checked in Fri Mar 23/18 - 12:42 pm
Checked out
Room Rate (b)(7)(E)
Room

Date	Description	Member # Reference	Charges	Credits
(b)(7)(E)				
Apr01 Direct Bill				3565.35
Total Outstanding			0.00	3565.35

Signature: _____

Our Tax # is 65-0567671

US Secret Service
 Dept. of Homeland Security
 10350 NW 112th Avenue
 Medley, FL
 33178-1054

Res. # 014679
 Checked in Fri Mar 23/18 - 12:43 pm
 Checked out
 Room Rate (b)(7)(E)
 Room

Date	Description	Member # Reference	Charges	Credits
	(b)(7)(E)	(b)(6);(b)(7)		
	April Direct Bill			3565.35
	Total Outstanding	0.00	3565.35	3565.35

Signature: _____

Our Tax # is 65-0567671



2842 S Ocean Blvd, Palm Beach, Florida, 33480
Phone: 561-540-6440 - Email: reservations@tidelineresort.com - FAX - 561-540-6441

Guest Folio

Field Office Secret Service Miami
Miami Field Office
Miami, FL
33101
United States

Arrival Date: (b)(7)(E)
Departure Date:

Room Type: Group Masters-***Int

Folio: (b)(7)(E)

Room: 8006

CC Number: *****

Date	Folio	Reference	Amount	Tax	Total
(b)(6);(b)(7)(C);(b)(7)(E)					

(b)(6);(b)(7)(C);(b)(7)(E)

3 Apr 2018	1	VISA Card		\$-9894.28	\$0.00	\$-9894.28
			Room Charges	\$8756.00	\$1138.28	\$9894.28
			Other Charges	\$0.00	\$0.00	\$0.00
			Credits	\$-9894.28	\$0.00	\$-9894.28
			Balance			\$0.00
Sales Tax	7.00	%	\$8756.00	\$612.92		
Occupancy Tax	6.00	%	\$8756.00	\$525.36		

TOWNEPLACE SUITES® BOYN
2450 Quantun Boulevard • Boynton Be
561.375.6512 • townepa

(b)(6);(b)(7)(C);(Secret Service
10350 Nw 112th Ave
Miami FL 33178
Secret Service

Room: GRP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00 Clerk: GDF

Time

Depart: 26Mar18

Time: 02:12PM

Folio Num

DESCRIPTION

CHARGES

CREDITS

(b)(6);(b)(7)(C);(b)(7)(E)

3

add life to longer stays:

(b)(6);(b)(7)(C);(b) Secret Service
10350 Nw 112th Ave
Miami FL 33178
Secret Service

Room: GAP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00 Clerk: GDF

Active: 22Mar18

Time:**Depart: 26Mar18**

Time: 02:12PM

Folio Num

DATE _____

DESCRIPTION

CHARGES

CREDITS

(b)(6);(b)(7)(C);(b)(7)(E)

add life to longer stays

TOWNEPLACE SUITES® BOYNTON
2450 Quantun Boulevard • Boynton Beach
561.375.6512 • towneplex.com

(b)(6);(b)(7)(C);(b) Secret Service
10350 Nw 112th Ave
Miami FL 33178
Secret Service

Room: GRP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00
Clerk: GDF

Active: 22Mar18

Time:

Depart: 26Mar18

Time: 02:12PM

Folio Num

DATE _____

DESCRIPTION

CHARGES

CREDITS

(b)(6);(b)(7)(C);(b)(7)(E)

add life to longer stays

(b)(6);(b)(7)(C);(b) Secret Service
10360 Nw 112th Ave
Miami FL 33176
Secret Service

Room: GAP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00 Clerk: GDF

Attivo: 22Mar18

Time:

Depart: 26Mar18

Time: 02:12PM

Folia Num

DATE _____

DESCRIPTION

CHARGES

CREDITS

(b)(6);(b)(7)(C);(b)(7)(E)

add life to longer stays

TOWNEPLACE SUITES® BOYN
2450 Quantun Boulevard • Boynton Be
561.375.6512 • townepl

(b)(6);(b)(7)(C);(b)(7)(D) Secret Service
10350 Nw 112th Ave
Miami FL 33178
Secret Service

Room: GAP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00 Clerk: GD

Arrive: 22Mar18

Time:

Depart: 26Mar18

Time: 02:12PM

Fofo Num

DATE _____

DESCRIPTION

CHARGES

CREDITS

(b)(6);(b)(7)(C);(b)(7)(E)

TOWNEPLACE SUITES® BOYNTON
2450 Quantun Boulevard • Boynton Beach
• 561.375.6512 • towneplex

(b)(6);(b)(7)(C);(Secret Service
10350 Nw 112th Ave
Miami FL 33178
Secret Service

Room: GRP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00 Clerk GDP

Folio Num!

CREDITS

(b)(6);(b)(7)(C);(b)(7)(E)

8

add life to longer stays

TOWNEPLACE SUITES® BOYNTON
2450 Quantun Boulevard • Boynton Beach
561.375.6612 • townespl

(b)(6);(b)(7)(C);(b) Secret Service
10350 Nw 112th Ave
Miami FL 33178
Secret Service

Room: GRP
Room Type: HSE
Number of Guests: 0
Rate: \$0.00 Clerk: GDF

Arrive: 22Mar18

Time:

Depart: 26Mar18

Time: 02:12PM

Folio Num

DATE _____

DESCRIPTION

CHARGES

CREDITS

26Mar18

CARD #: VIXXXXXXXXXXX (b)(7)(C) XXXX

AMOUNT: 17739.00

AUTH: 000107 Signature on File

17739.00

(b)(6);(b)(7)(C);(b)(7)(E)



SONESTA

FORT LAUDERDALE

(b)(6);(b)(7)(C);(b)(7)(E)
United States

(b)(6);(b)(7)(C);(b)(7)(E)
Company Name:
Membership No:
Group Name:
INVOICE

Room No. : 1010
 Arrival : 03-22-18
 Departure : 03-26-18
 Folio No. : (b)(7)(E)
 Conf. No. : 7512430
 Cashier No. : 1738
 CRS # : (b)(7)(E)
 TA Record :

Date	Description	Charges	Credits
	(b)(6);(b)(7)(C);(b)(7)(E)		
03-26-18	Visa XXXXXXXXXXXX (b)(6);(b)(7)(C) XXXX		1,776.00
		Total Charges	1,776.00
		Total Credits	1,776.00
		Balance	0.00



**HYATT
PLACE™**

**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
West Palm Beach, FL 33401
Tel: 561-655-1454
Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
West Palm Beach, FL 33401
Tel: 561-855-1454
Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
West Palm Beach, FL 33401
Tel: 561-855-1454
Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
West Palm Beach, FL 33401
Tel: 561-855-1454
Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)



**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
West Palm Beach, FL 33401
Tel: 561-855-1454
Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.
Group Name (b)(6);(b)(7)(C);(b)(7) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
West Palm Beach, FL 33401
Tel: 561-655-1454
Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



**Hyatt Place West Palm
Beach/Downtown**
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Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
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(b)(6);(b)(7)(C);(b)(7)(E)



**Hyatt Place West Palm
Beach/Downtown**
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INVOICE

(b)(6);(b)(7)(C);(b)(7) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)



**HYATT
PLACE™**

**Hyatt Place West Palm
Beach/Downtown**
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West Palm Beach, FL 33401
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Fax: 561-835-4122
westpalmbeach.place.hyatt.com

INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



**Hyatt Place West Palm
Beach/Downtown**
295 Lakeview Avenue
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Fax: 561-835-4122
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INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)			
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**HYATT
PLACE™**

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Beach/Downtown**
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INVOICE

(b)(6);(b)(7)(C);(b)(7) Group 7
United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
------	-------------	---------	---------

(b)(6);(b)(7)(C);(b)(7)(E)



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United States

Confirmation No.

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Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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INVOICE

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United States

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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United States

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			



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Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

Date	Description	Charges	Credits
(b)(6);(b)(7)(C);(b)(7)(E)			
	XXXXXXXXXX (b)(6);(b)(7)(C);(b)(7)(E)		26,990.00

Total	26,990.00	26,990.00
Balance	0.00	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place West Palm Beach/Downtown. Our goal is to provide



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INVOICE

(b)(6);(b)(7)(C);(b)(7)(E) Group 7
United States

Confirmation No.

Group Name (b)(6);(b)(7)(C);(b)(7)(E) Group 7

World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start
earning points for stays, dining and more.
Visit www.worldofhyatt.com

every guest with an exceptional stay and we are interested in any comments regarding
your visit.

Please remit payment to:
Hyatt Place West Palm Beach/Downtown
295 Lakeview Avenue
West Palm Beach, FL 33401

Room No. 9010
Arrival 03-23-18
Departure (b)(7)(E)
Folio Window 1
Folio No. (b)(7)(E)

Obtained via FOIA by Judicial Watch, Inc.
150 Australian Ave
WEST PALM BEACH, FL 33406
TELEPHONE 561-684-9400 • FAX 561-689-9421

SECRET SERVICE

Room No:

USMARC3

Arrival Date:

(b)(7)(E) 12:00:00 AM

Departure Date:

(b)(7)(E) 2:00:00 AM

Adult/Child:

Cashier ID:

(b)(6);(b)(7)(C)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

MIAMI FL 00000
UNITED STATES OF AMERICA

Hilton - Palm Beach Airport 4/4/2018 2:08:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			

SECRET SERVICE

Room No:

USMARC3

Arrival Date:

(b)(7)(E) 12:00:00 AM
) 12:00:00 AM

Departure Date:

Adult/Child:

Cashier ID:

(b)(6):(b)(7)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

MIAMI FL 00000

UNITED STATES OF AMERICA

Hilton - Palm Beach Airport 4/4/2018 2:08:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6):(b)(7)(C):(b)(7)(E)			

SECRET SERVICE

Room No:

USMARC3

Arrival Date:

(b)(7)(E) 12:00:00 AM

Departure Date:

(b)(7)(E) 2:00:00 AM

Adult/Child:

Cashier ID:

(b)(6);(b)(7)(C);(b)(7)(E)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

MIAMI FL 00000

UNITED STATES OF AMERICA

Hilton - Palm Beach Airport 4/4/2018 2:08:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			

SECRET SERVICE

MIAMI FL 00000
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Che

USMARC3

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 12:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:08:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			

SECRET SERVICE

MIAMI FL 00000
UNITED STATES OF AMERICA

Room No:
Arrival Date:
Departure Date:
Adult/Child:
Cashier ID:
Room Rate:
AL:
HH #
VAT #
Folio No/Che

USMARC3

(b)(7)(E) 12:00:00 AM
(b)(7)(E) 2:00:00 AM

(b)(6);(b)(7)

(b)(7)(E)

Hilton - Palm Beach Airport 4/4/2018 2:08:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
(b)(6);(b)(7)(C);(b)(7)(E)			

SECRET SERVICE

Room No:

USMARC3

Arrival Date:

(b)(7)(E) 12:00:00 AM

Departure Date:

2:00:00 AM

Adult/Child:

Cashier ID:

(b)(6);(b)(7)

Room Rate:

AL:

HH #

VAT #

Folio No/Che

(b)(7)(E)

MIAMI FL 00000
UNITED STATES OF AMERICA

Hilton - Palm Beach Airport 4/4/2018 2:08:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
		(b)(6);(b)(7)(C);(b)(7)(E)	
		BALANCE	\$33,069.00



SONESTA

FORT LAUDERDALE

(b)(6);(b)(7)(C);(b)(7)(E)
United States

(b)(6);(b)(7)(C);(b)(7)(E)
Company Name:
Membership No:
Group Name:
INVOICE

Room No. : 1116
 Arrival : 03-28-18
 Departure : 04-02-18
 Folio No. : (b)(7)(E)
 Conf. No. : 7528669
 Cashier No. : 492
 CRS # : (b)(7)(E)
 TA Record :

Date	Description	Charges	Credits
(b)(7)(E)			
04-02-18	visa XXXXXXXXXXXX(b)(6);(b)(7)(E)XX		1,770.00
		Total Charges	1,770.00
		Total Credits	1,770.00
		Balance	0.00



U.S. SECRET SERVICE SOUTH FLORIDA **ORIGINAL DATE:** **4/2/2018**
ATTN: (b)(6);(b)(7)(C);(b)(7)(E)
10350 NORTHWEST 112 AVE
MIAMI, FL 33178

INVOICE NUMBER:
CUSTOMER ID: (b)(6):

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE HILTON WEST PALM BEACH.

GUEST ROOM CHARGES	35,611.00
FOOD AND BEVERAGE CHARGES	0.00
MISCELLANEOUS	0.00
SUBTOTAL	35,611.00
PAYMENTS, DEPOSITS & ADJUSTMENTS	0.00

TOTAL:	35,611.00
---------------	------------------

<p>IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT VISIT TO HILTON WEST PALM BEACH.</p> <p>"PLEASE REMIT TO": 600 OKEECHOBEE BLVD WEST PALM BEACH FL 33401 TEL 561-231-6000</p>
--

ORIGINAL

ORIGINAL DATE: 4/2/2018

HILTON WEST PALM BEACH
STATEMENT OF GUEST FOLIO CHARGES
Secret Service USA

PAGE 1

GUEST NAME	ROOM NUMBER	DEPARTURE DATE	ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE	MISCELLANE OUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
------------	----------------	-------------------	------------	---------------------------------	-----------	-------------------	-------	-------	----------------------	-------

(b)(6);(b)(7)(C);(b)(7)(E)

HILTON

ORIGINAL DATE: 4/2/2018

PAGE 2

HILTON WEST PALM BEACH
STATEMENT OF GUEST FOLIO CHARGES
Secret Service USA

GUEST NAME	ROOM NUMBER	DEPARTURE DATE	ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE	MISCELLANE OUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)(6);(b)(7)(C);(b)(7)(E)										
TOTAL			35,611.00	0.00	0.00	0.00	0.00	0.00	0.00	35,611.00

HILTON

ORIGINAL DATE: 4/2/2018

HILTON WEST PALM BEACH
STATEMENT OF DEPOSITS, PAYMENTS & ADJUSTMENTS
Secret Service USA

PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
------	-----------	-------------	--------

TOTAL			0.00
-------	--	--	------

HILTON





WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6)
NAME	US DEPARTMENT OF HOM	DATE	DEPART	TIME	ACCT#
TYPL	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6)		
CLERK	ADDRESS	PAYMENT			MR#

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



WEST PALM BEACH MARRIOTT
1001 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33401
561-833-1234

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1 5/8% per month (ANNUAL RATE 19%) or the maximum allowed by law plus the reasonable cost of collection, including attorney fees.

Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM US SECRET SERVICE ** 00 03/29/18 DUPLICATE 10:53 (b)(6):
 NAME DEPART TIME ACCT#
 TYPE US DEPARTMENT OF HOM 03/29/18
 505 S FLAGLER DRIVE ARRIVE TIME
 WEST PALM BE FL
 ROOM 33401-5823 VSXXXXXXXXXX (b)(6):
 CLERK ADDRESS PAYMENT MR#

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
------	------------	---------	---------	--------------

(b)(7)(E)				
-----------	--	--	--	--



WEST PALM BEACH MARRIOTT
 1001 OKEECHOBEE BLVD
 WEST PALM BEACH, FL 33401
 561-833-1234

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Signature X

**WEST PALM BEACH MARRIOTT**

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10-53	(b)(6)
	NAME	PAGE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXX(b)(6)			MR#:
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
------	------------	---------	---------	--------------

(b)(7)(E)



**WEST PALM BEACH MARRIOTT
1001 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33401
561-833-1234**

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Signature 



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10-53	(b)(6):
NAME	US DEPARTMENT OF HOM	RATE	03/29/18		ACCT#
TYPE	505 S FLAGLER DRIVE		ARRIVE		
	WEST PALM BE FL				
ROOM	33401-5023	VSXXXXXXXXXX	(b)(6):f		MR#:
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



WEST PALM BEACH MARRIOTT
1001 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33401
561-833-1234

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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TVPL	805 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);		MR#
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



WEST PALM BEACH MARRIOTT
1001 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33401
561-833-1234

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Signature R



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10-53	(b)(6):
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6):		MR#
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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(b)(7)(E)



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 1001 OKEECHOBEE BLVD
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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10 53	(b)(6);(
NAME	US DEPARTMENT OF HOM	DATE	03/29/18	TIME	ACCT#
TYPE	805 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);		MR#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10 63	(b)(6):
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-6923	VSXXXXXXXXXX	(b)(6):		
CLERK	ADDRESS	PAYMENT		MR#:	

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6):1
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5023	VSXXXXXXXXXX	(b)(6):		MR#
CLEAR	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);(b)(7)(C)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-6023	VSXXXXXXXXXX	(b)(6);(b)(7)(C)		
CLEAR	ADDRESS	PAYMENT			MRS.
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/28/18	DUPLICATE 10 53	(b)(6);(b)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/28/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-9823	VSXXXXXXXXXX	(b)(6);(b)		
CLERK	ADDRESS	PAYMENT		MR#:	
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
(b)(7)(E)					



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-8923	VSXXXXXXXXXX	(b)(6)		
CLEAR	ADDRESS	PAYMENT			MR#
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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Signature X



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GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);(c)
	NAME	RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	606 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-6623	VSXXXXXXXXXX	(b)(6)		
CLERK	ADDRESS	PAYMENT		MR#:	

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);(b)(7)(E)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);(b)(7)(E)		
CLERK	ADDRESS	PAYMENT			MRB

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM US SECRET SERVICE ~ .00 03/29/18 03/29/18
 NAME RATE DEPART TIME
 TYPE US DEPARTMENT OF HOM 03/29/18
 505 S FLAGLER DRIVE ARRIVE TIME
 WEST PALM BE FL
 ROOM 33401-8823 VSXXXXXXXXXX (b)(6);(C) MR#
 CLERK ADDRESS PAYMENT

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	TIME	DUPLICATE 10:53	(b)(6);(b)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME		ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18	ARRIVE		
	WEST PALM BE FL			TIME		
ROOM	33401-8823	VSXXXXXXXXXX	(b)(6);			MR#:
CLERK	ADDRESS	PAYMENT				
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE		
(b)(7)(E)						



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM NAME US SECRET SERVICE ** .00 03/29/18 DUPLICATE 10:53 (b)(6);(b)
 TYPE US DEPARTMENT OF HOM RATE DEPART TIME ACCT#
 505 S FLAGLER DRIVE 03/29/18
 WEST PALM BE FL ARRIVE TIME
 ROOM 33401-8823 VSXXXXXXXXXX (b)(6); MR#:
 CLERK ADDRESS PAYMENT

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/28/18	DUPLICATE 10:53	(b)(6);
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-6923	VSXXXXXXXXXX	(b)(6);		MR#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10 53	(b)(6);(
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);(
CLERK	ADDRESS	PAYMENT			MR#:

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6):C
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6):		MR#:
CLEAR	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
(b)(7)(E)					



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);(
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);(
CLERK	ADDRESS	PAYMENT		MR#:	

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6):(b)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	606 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-8923	VSXXXXXXXXXX	(b)(6):(b)		MR#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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	NAME	RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);		
CLEAR	ADDRESS	PAYMENT			MR#

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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ROOM	US SECRET SERVICE **	00	03/29/18	TIME	DUPLICATE 10 53	(b)(6):
NAME		RATE	DEPART			ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18	TIME		
	505 S FLAGLER DRIVE		ARRIVE			
	WEST PALM BE FL					
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6): (b			
CLERK	ADDRESS	PAYMENT				MR#
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE		

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ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10 53	(b)(6):
NAME		RATE	DEPART	TIME	ACCT#
TYPL	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6):		
CLERK	ADDRESS	PAYMENT		MR#:	

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);(
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);		MR#:
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



WEST PALM BEACH MARRIOTT
1001 OKEECHOBEE BLVD
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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10-53	(b)(6)
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-8923	VSXXXXXXXXXX	(b)(6);		
CLERK	ADDRESS	PAYMENT			MR#

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);		
CLERK	ADDRESS	PAYMENT		MR#	

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);(C)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);(C)	MR#	
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DEPART	TIME	DUPLICATE 10 53	(b)(6)
NAME	US DEPARTMENT OF HOM	RATE	03/29/18	ARRIVE	TIME		ACCT#
TYPE	505 S FLAGLER DRIVE						
	WEST PALM BE FL						
ROOM	33401-5623						
CLERK	ADDRESS	PAYMENT					MR#:
		VSXXXXXXXXXX	(b)(6)				
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE			

(b)(7)(E)



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WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-6823	VSXXXXXXXXXX	(b)(6)		MR#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	TIME	DUPLICATE 10 53	(b)(6);
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME		ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18	TIME		
	WEST PALM BE FL		ARRIVE	TIME		
ROOM	33401-9923	VSXXXXXXXXXX	(b)(6)			
CLERK	ADDRESS	PAYMENT				MR#

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



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GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/28/18	DUPLICATE 10-53	(b)(6)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/28/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);		MR#
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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ROOM	US SECRET SERVICE --	.00	03/29/18	DUPLICATE 10:53	(b)(6)
NAME	US DEPARTMENT OF HOM	DATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-6923	VSXXXXXXXXXX	(b)(6):		MR#:
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);(
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);		
CLERK	ADDRESS	PAYMENT			MR#:

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10 53	(b)(6);
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);		MR#
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X



WEST PALM BEACH MARRIOTT

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ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);(
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);		MR#
C. F. R. K.	ADDRES	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	TIME	DUPLICATE 10:53	(b)(6)
NAME	US DEPARTMENT OF HOM	RATE	DEPART			ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18	ARRIVE		
	WEST PALM BE FL			TIME		
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6):f			MR#:
CLERK	ADDRESS	PAYMENT				

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);(MR#
CLEAR	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
(b)(7)(E)					



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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE --	.00	03/29/18	DUPLICATE 10:53	(b)(6)
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6):		
CLERK	ADDRESS	PAYMENT			MRS:
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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WEST PALM BEACH MARRIOTT

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ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);(
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);(MR#:
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
(b)(7)(E)				



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Signature X

**WEST PALM BEACH MARRIOTT**

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6)
	NAME	RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5923	VSXXXXXXXXXX	(b)(6);		MR#:
CARRY	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
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(b)(7)(E)



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Signature



WEST PALM BEACH MARRIOTT

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ROOM	US SECRET SERVICE ~	.00	03/29/18	DUPLICATE 10:53	(b)(6)
NAME	US DEPARTMENT OF HOM	RATE	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6):		
CLERK	ADDRESS	PAYMENT			MR#:
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

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Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6);(1)
NAME	US DEPARTMENT OF HOM	RAT	DEPART	TIME	ACCT#
TYPE	505 S FLAGLER DRIVE		03/29/18		
	WEST PALM BE FL		ARRIVE	TIME	
ROOM	33401-6923	VSXXXXXXXXXX	(b)(6);(1)		MR#
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)



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 1001 OKEECHOBEE BLVD
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ROOM	US SECRET SERVICE **	00	03/29/18	DUPLICATE 10:53	(b)(6); ACCT#
	NAME	RATE	DEPART	TIME	
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);		MR#:
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
		(b)(7)(E)		



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WEST PALM BEACH, FL 33401
561-833-1234**

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner) if for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are dissatisfied, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



WEST PALM BEACH MARRIOTT

GUEST FOLIO

ROOM	US SECRET SERVICE **	.00	03/29/18	DUPLICATE 10:53	(b)(6);
NAME		RATE	DEPART	TIME	ACCT#
TYPE	US DEPARTMENT OF HOM		03/29/18		
	505 S FLAGLER DRIVE		ARRIVE	TIME	
	WEST PALM BE FL				
ROOM	33401-5823	VSXXXXXXXXXX	(b)(6);	MR#	
CL FOL	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	

(b)(7)(E)

VSXXXXXXXXXX(b)(6);

127268 60

.00



WEST PALM BEACH MARRIOTT
1001 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33401
561-833-1234

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Signature X